



October 5, 2007

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

CC Docket No. 02-6

CC Docket No. 96-45

Request for Waiver to adjust the Funding Commitment Decision for 471 Application # 586498 to 100% educational eligibility with residential facilities on site.

Entity Number: 208778

Entity Name: Italian Home for Children

Funding Year: 2007

471 Application Number: 558248

Funding Request Numbers: 1548799, 1548821, 1548829, 1548838

This is an appeal in response to the Funding Commitment Decision Letter dated September 11, 2007.

The explanation listed on the FCDL of 471 Application # 586498 stated "The dollars requested were reduced to remove the ineligible product/service: charges for residential facility." We strongly feel that USAC made an error in judgment in interpreting the contents of the returned documentation for one primary reason: The Commonwealth of Massachusetts has deemed 100% of the Italian Home for Children as an educational facility.

The supporting documentation to this cover letter includes the PIA review requests and the responding correspondences associate with those as well as a thoroughly prepared information packet by George Forte, the Business Manager at the Italian home who's information include education licenses deemed eligible by the state as well as two example student's IEP's (Individual Educational Plan) used to help establish this need. This information can also act as a timeline of the review of this application.

The aforementioned information is in the following order:

- (1) "PIA 1" dated 6/6/07, 2 pages
- (2) "PIA 1 - Response" dated 6/6/07, 3 pages
- (3) "PIA 2" dated 6/11/07, 2 pages
- (4) "PIA 2 - Response" dated 6/11/07, 8 pages
- (5) "PIA 3" dated 6/12/07, 2 pages
- (6) "PIA 3 - Response, *1", dated 6/12/07, part one of the response, 1 page
- (7) "PIA 3 - Response, *2", no date, part two of the response, 7 pages
- (8) "PIA 4 A" dated 7/23/07, 4 pages
- (9) "PIA 4 B" also dated 7/23/07 although it was received 7/27, 4 pages
- (10) "Email Response - PIA 4", dated 8/3/07, 2 pages
- (11) "Introduce George", dated 8/10/07, email to PIA reviewer with School Contact, 1 page
- (12) "George Response Cover" dated 8/10/07, email of George's response
- (13) "George Response" dated 10/10/07, 17 point list, 73 pages
- (14) FCDL showing 19% funded (81% ineligible), dated 9/11/07, 6 pages

TARIFF AFFILIATES

50 VICTOR HEIGHTS PARKWAY

VICTOR, NEW YORK 14564

PHONE: 585.924.9200

FAX: 585.924.9575

INFO@TARIFFAFFILIATES.COM

WEBSITE: WWW.TARIFFAFFILIATES.COM



There was no communication after the August 10, 2007 response to the reviewer when Mr. Forte supplied the packet of information indicating that the FRNs would be reduced 81%.

Based on the included documentation, this is a formal request that the decision to approve only 19% of the original FRN be waived and even though there are residential facilities on the school campus, 100% educational eligibility be granted on the Federal level as it on the State level by the Commonwealth of Massachusetts.

If you require additional information, please contact me directly.

Sincerely,

Ross Wheadon

E Rate Operations Manager
Tariff Affiliates, Inc.
P-(585) 924-9200 x 109
F-(585) 924-9575
rwheadon@tariffaffiliates.com

TARIFF AFFILIATES
50 VICTOR HEIGHTS PARKWAY
VICTOR, NEW YORK 14564
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INFO@TARIFFAFFILIATES.COM
WEBSITE: WWW.TARIFFAFFILIATES.COM



COPY

Schools and Libraries Division

Jun 06, 2007

PIA 1

Ross Wheadon
ITALIAN HOME FOR CHILDREN
Telephone:
Application Number

(585) 9249200 Ext 120
558248

Response Due Date: June 21, 2007

The Program Integrity Assurance (PIA) team is in the process of reviewing all Funding Year 2007 Form 471 Applications for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. We are currently in the process of reviewing your Funding Year 2007 Form 471 Application. To complete our review, we need some additional information. The information needed to complete the review is listed below.

For **FRN 1548829**, the documentation provided in the Item 21 Attachments is not sufficient to determine the eligibility of your request. The documentation does not sufficiently describe the products and services being requested, so we cannot determine the eligibility of your request.

Please provide more detailed documentation, such as the portion of the bill that identifies the actual products and services being delivered. If the bill you receive does not identify the specific products and services being delivered, you will need to contact your vendor and request such documentation. A telecommunications service provider should be able to provide you with a detailed statement identifying the specific products and services being provided, which is sometimes called a C.R.I.S. Report (preferably SO1 report).

Any documentation provided should clearly identify any ineligible charges that were cost allocated out of your request. If you are unable to justify the charges requested on your Form 471, the request may be reduced or denied.

Based upon review of your FY2007 Form 471 application # 558248 and/or the

①

documentation you provided, we were not able to determine the eligibility of *ITALIAN HOME FOR CHILDREN*. Is this entity a Juvenile Justice, Adult Education (offering elementary or secondary education to adults) or Pre-K? If another type of facility, please specify the type. Is the building that houses this entity a part of (a component of) an elementary or secondary school or is it a stand-alone facility?

Please fax or email the requested information to my attention. If you have any questions, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to do so may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,
Sasha Tyndale
PIA Reviewer
Program Integrity Assurance
USAC, Schools and Libraries Division
Phone: 973-581-7539
Fax: 973-599-6576
E-mail: styndal@sl.universalservice.org

Jun 06, 2007

PIA 1 - Response

Ross Wheadon
ITALIAN HOME FOR CHILDREN
Telephone: (585) 9249200 Ext 120
Application Number 558248

COPY

Sasha Tyndale
Phone: 973-581-7539
Fax: 973-599-6576
E-mail: styndal@sl.universalservice.org

Response Due Date: June 21, 2007

For FRN 1548829, the documentation provided in the Item 21 Attachments is not sufficient to determine the eligibility of your request. The documentation does not sufficiently describe the products and services being requested, so we cannot determine the eligibility of your request.

Please see attached Documentation for a summary page copy of the invoice.

Based upon review of your FY2007 Form 471 application # 558248 and/or the documentation you provided, we were not able to determine the eligibility of ITALIAN HOME FOR CHILDREN. Is this entity a Juvenile Justice, Adult Education (offering elementary or secondary education to adults) or Pre-K?

No, there are no Juvenile Justice, Adult Ed or Pre-K at the Italian Home.

If another type of facility, please specify the type. Is the building that houses this entity a part of (a component of) an elementary or secondary school or is it a stand-alone facility?

The Italian Home for Children includes Special Education Residential and Day School programs as entitled by Massachusetts General Laws, Chapter 766 Special Education Law. Accordingly, Massachusetts Department of Education (DOE) reviews and licenses (approvals attached) both of these Special Education Programs in residential schools in order to meet every child's 24-hour special need and the legal requirement as such.

The student population at the Italian Home are emotionally disturbed and learning disabled children aged five to twelve years. They have suffered such severe abuse and neglect that their special need is for structured, nurturing care 24 hours per day in our residential program. As such, waking, dressing, eating, classroom, recreation, homework and bedtime are each times that can evoke memories of abuse. Therefore, DOE has deemed their special need for residential treatment including the classroom component. Accordingly, the DOE requires that we maintain a ratio of one professional, trained counselor to every four children, 24 hours per day. When the special need is for residential care, DOE must ensure there is a qualified residential school (The Italian Home) to meet every child's educational need.

(2)



Item 21 Attachment

Telecommunications - Funding Year 2007

Applicant Name ITALIAN HOME FOR CHILDREN
Billed Entity Number 208778
Form 471 Application Number 558248
Funding Request Number 1548829
Service Provider CTC Communications Corp.
Attachment Number
Narrative description of this Funding Request This FRN is for Local & LD Phone service on a partial T1

Service Type	Service Description	Elig Pre-Discount Cost
1 Combined Local and Long Distance	Fractional T1 (16 Channels) with DID's for Local & LD Service. Local: 864.09, LD: 371.25	\$14,824.08
		Number of Telecom Lines (if applicable) 37
Recurring Charges		Non Recurring Charges
Monthly Recurring Charges	\$1,235.34	One-time non-recurring charges \$0.00
Less Ineligible Amount (if any)	\$0.00	Less Ineligible Amount (if any) \$0.00
Number of Months	12	
Eligible recurring charges	\$14,824.08	Eligible non-recurring charges \$0.00
		Line Item TOTAL \$14824.08
Total:		\$14,824.08
Funding Requested on 471:		\$14,824.08

Date Submitted

2/21/2007 12:44:13 PM



FRN1548829

2150 Holmgren Way
Green Bay, WI 54304

Remittance Section

Account Number: 1203354
Bill Date: 01/10/07
Period: 12/01/06 thru 12/31/06
Total Due: 1563.17
Amount Enclosed: \$
Please put your account number on your check and make payable to
One Communications

<8>

ITALIAN HOME FOR CHILDREN, INC.
1125 CENTRE ST
JAMAICA PLAIN MA 02130-3495

178702685

ONE COMMUNICATIONS
DEPT 284
PO BOX 80000
HARTFORD CT 06180-0284

02301203354700015631778

Please detach and return above portion with your payment

2150 Holmgren Way
Green Bay, WI 54304

Account Summary

Account Number: 1203354
Bill Date: 01/10/07
Period: 12/01/06 thru 12/31/06
Total Amount Due: 1563.17

Detail of Payments and Charges

Previous Balance and Payments

Previous Balance 1496.87
Payments (Posted thru 12/31/06) 1496.87
Adjustments (Posted thru 12/31/06) .00
Total Balance Forward \$0.00

Current Charges

*Other Charges and Fees: 51.00

*Usage: (Before Discount)

Outbound 371.25
Inbound (800/888/877) .12
Calling Card .00
Conference Calling .00

*Monthly Charges:

Local Access 864.09
Internet Access 257.84
Frame Relay .00
Private Line .00
Customizer Bundle .00

*Taxes/Surcharges:

Federal Tax 18.87
State and local .00
Total Current Charges \$1563.17

Total Balance Due \$1563.17

Important Messages

Reminder to all customers:

As indicated in previous customer bill messages, the company continues to review the taxing methodologies for all companies. As a result, uniform treatment and applications of taxes and surcharges are now applied which may result in changes on your monthly invoices.

Attention all customers:

Please make note of the remittance address change and direct all payments to the new address.

One Communications
Department 284
P.O. Box 80000
Hartford, CT 06180-0284

Important Notice for Massachusetts Customers

The Massachusetts Department of Telecommunications and Energy has established a revised monthly wireline E911 surcharge of \$0.99, and has directed all local exchange carriers operating within the Commonwealth to apply the revised surcharge amount to each Massachusetts voice grade line effective January 1, 2007. Accordingly, this month invoice reflects the revised surcharge amount.



COPY

Schools and Libraries Division

Jun 11, 2007

PIA - 2

Ross Wheadon
ITALIAN HOME FOR CHILDREN
Telephone:
Application Number

(585) 9249200 Ext 120
558248

Response Due Date: June 26, 2007

The Program Integrity Assurance (PIA) team is in the process of reviewing all Funding Year 2007 Form 471 Applications for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. We are currently in the process of reviewing your Funding Year 2007 Form 471 Application. To complete our review, we need some additional information. The information needed to complete the review is listed below.

The entity listed below is included in a request for services on this application(s), and appear to be or include residential facilities. The entity is: *Italian Home for Children*.

Please provide the following additional information about these entities:

1. Describe and detail what portion of the service is provided to dormitories or residences within the residential facilities.
2. Identify the dollars or the percentage of dollars associated with the services that are to be provided to the dormitory or residence rooms.
3. Confirm that the balances of the services are being provided to facilities of instruction or classrooms.
4. Please provide substantiating documentation supporting your statements.

Your response must include signature and title; or if responding via email, name and title.

For further information regarding Pre-K facilities, please refer to the USAC website a: <http://www.usac.org/sl/applicants/step01/non-traditional-K-12/>

(3)

Please fax or email the requested information to my attention. If you have any questions, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to do so may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,
Sasha Tyndale
PIA Reviewer
Program Integrity Assurance
USAC, Schools and Libraries Division
Phone: 973-581-7539
Fax: 973-599-6576
E-mail: styndal@sl.universalservice.org

PIA-2 - Response

Jun 11, 2007

Sasha Tyndale
PIA Reviewer, Program Integrity Assurance
USAC, Schools and Libraries Division
Phone: 973-581-7539
Fax: 973-599-6576
E-mail: styndal@sl.universalservice.org

COPY

Ross Wheadon
ITALIAN HOME FOR CHILDREN
Telephone: (585) 9249200 Ext 120
Application Number 558248
Response Due Date: June 26, 2007

The Program Integrity Assurance (PIA) team is in the process of reviewing all Funding Year 2007 Form 471 Applications for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. We are currently in the process of reviewing your Funding Year 2007 Form 471 Application. To complete our review, we need some additional information. The information needed to complete the review is listed below.

The entity listed below is included in a request for services on this application(s), and appear to be or include residential facilities. The entity is: *Italian Home for Children*.

Please provide the following additional information about these entities:

- 1) Describe and detail what portion of the service is provided to dormitories or residences within the residential facilities.

The Italian Home For Children is first and primarily a residential facility. Children in four residential programs live in three separate buildings at two locations.

- 2) Identify the dollars or the percentage of dollars associated with the services that are to be provided the dormitory or residence rooms.

81% of our revenue and expenses are for our four residential programs; 19% is associated with our Day School Program. Day School students live in their own homes and come here for specialized education needs according to individualized education plans.

- 3) Confirm the balance of the services are being provided to facilities of instruction or classrooms.

4

The numbers above are correct. With that said, 100% of the expenses are covered and all program expenses not for our residential programs are for Day School classroom instruction, individualized need and therapy.

- 4) Please provide substantiating documentation supporting your statements.

As this was the same info requested for the last two years, I have attached the documentation that was submitted for the 2005-2006 year.

Your response must include signature and title; or if responding via email, name and title.

A handwritten signature in black ink, appearing to read 'RW', is written over a horizontal line.

Ross Wheadon
Erate Operations Director



The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148-5023

Telephone: (781) 338-3000

TTY: N.E.T. Relay 1-800-439-2370

December 23, 2005

Jane Zopatti-Lewis
Italian Home for Children
1125 Centre Street
Jamaica Plain, MA 02130-3495

Re: Notification of Program Approval Status:
Italian Home for Children Residential
Program

Dear Ms. Zopatti-Lewis:

The Department of Education has completed its review of the Application for Approval of the Private Residential Special Education School named above, a program to be operated pursuant to the requirements of 603 CMR Section 28.09 and Section 18.00. Please be advised of the following approval status for this program:

Approval Status:

FULL APPROVAL – PRIVATELY OPERATED PROGRAMS

As a result of the Department's annual onsite visit conducted on 11/1/05 to discuss the submission of annual update information, we are pleased to inform you that your Private Residential Special Education School Program named above has met all 2005-2006 documentation requirements.

Based on this review, the Department has determined that this program continues to operate with a "Full Approval" status. This approval will continue until 8/31/06, the school year during which the next regularly scheduled Program Review will be conducted, or until the Department determines that this "Full Approval" status must be revoked as provided under 603 C.M.R. 28.090.

Please be advised that the attached Department of Education Approval Certificate must be conspicuously posted in a public place within the program as required by 603 CMR 28.09.

Finally, we are advising you that the Department of Education is issuing its approval of this program with the expectation that the program will provide the Department with prior notice of all substantial changes in the program (see Form 1 included in current Department of Education Application Procedures) for these programs and timely reports of all incidents occurring in the program (see Form 2) as required by Board of Education Regulations. If the agency intends to establish another program (and/or a Reconstructed Private Program) which requires the Department's prior approval under 603 CMR 28.09, the agency must make notice to the Department of Education using Form 3. Please note that the failure of an agency to submit a required application for the prior approval of the Department for a public or private day or residential school program does not lead to an obligation on the part of the Department of Education to approve that program if it does not meet all the standards for approval in Board of Education Regulations.

The Department would be pleased to provide you with further information about your program's approval status noted above. Please contact me if this assistance is required. My telephone number is (781) 338-3739.

Thank you for your cooperation in this program review and approval process.

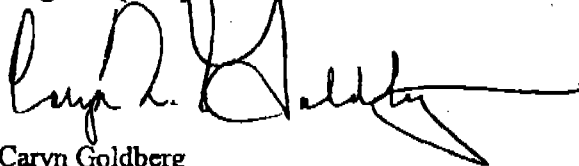
Sincerely,



Suzanne Conrad

Liaison

Program Quality Assurance Services



Caryn Goldberg

Supervisor

Program Quality Assurance Services

Attachments: Application Face Sheet

C: John D. Stager, Administrator, Program Quality Assurance Services
Application File

APPLICATION FACE SHEET

FOR DEPARTMENT OF EDUCATION APPROVAL OF A
MASSACHUSETTS PUBLIC OR PRIVATE DAY OR RESIDENTIAL
SPECIAL EDUCATION SCHOOL PROGRAM
(IDEA-97 and M.G.L. C.71B, 603 C.M.R. Section 18.00 and Section 28.00)

DATE OF REQUEST 10-1-05

☒ APPLICATION FOR APPROVAL OF A NEW PUBLIC OR PRIVATE PROGRAM
☐ APPLICATION RENEWAL OF A CURRENTLY APPROVED PUBLIC OR PRIVATE PROGRAM
☐ APPLICATION FOR APPROVAL OF A RECONSTRUCTED PRIVATE PROGRAM

School District/Collaborative or Private School Name: Italian Home for Children (Residential)Agency Address: 1125 Centre St. Jamaica Plain, MA 02130 Telephone: (617) 522-2221Fax Number: (617) 983-9212 E-mail Address: jane@italianhome.orgName of Program: Italian Home for Children Tuition Rate: \$8,664.62/242.92/Per DayName of Building Where Program is Located: School BldgAddress of Program: 1125 Centre St. Jamaica Plain, MA 02130 Telephone: (617) 522-2221☐ Day School Program ☒ Residential School Program Current Enrollment: 24 Maximum Enrollment: 31# Enrolled by Funding Source: MA School Districts: _____ MA State Agencies: 24 MA Private Pay: _____

Private Pay Other States: _____ Public Pay Other States: _____

DOE Private School Program Code Number (for existing approved program): 5534 A(Check one) ☐ 10-month Program ☐ 11-month Program ☒ 12-month Program ☐ Summer Program

The Department of Education is hereby requested to approve the special education school program named above and described in the attached documentation.

Name of Program Director: Jane Zoppi-Lewis Signature: Jane Zoppi-LewisAddress: 1125 Centre St. Jamaica Plain, MA 02130 Telephone: (617) 522-2221 x303

DEPARTMENT OF EDUCATION ACTION:

Application received in Department of Education on 11/1/05Date of Last Onsite Visit: 11/1/05 Conducted by: Suzanne Conrad

APPROVAL STATUS:

New Program Temporarily Approved on: _____ Expires on: _____

(Supervisor, Program Quality Assurance Services)

(Administrator, Program Quality Assurance Services)

Program Provisionally Approved on: _____ Expires on: _____

(Supervisor, Program Quality Assurance Services)

(Administrator, Program Quality Assurance Services)

Program Fully Approved on: 12/23/05 Expires on: 8/31/06

(Supervisor, Program Quality Assurance Services)

(Administrator, Program Quality Assurance Services)



The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148-5023

Telephone: (781) 338-3000

TTY: N.E.T. Relay 1-800-439-2370

December 23, 2005

Jane Zopatti-Lewis
Italian Home for Children
1125 Centre Street
Jamaica Plain, MA 02130-3495

Re: Notification of Program Approval Status:
Italian Home for Children Day Program

Dear Ms. Zopatti-Lewis:

The Department of Education has completed its review of the Application for Approval of the Private Day Special Education School named above, a program to be operated pursuant to the requirements of 603 CMR Section 28.09 and Section 18.00. Please be advised of the following approval status for this program:

Approval Status:

FULL APPROVAL – PRIVATELY OPERATED PROGRAMS

As a result of the Department's annual onsite visit conducted on 11/1/05 to discuss the submission of annual update information, we are pleased to inform you that your Private Day Special Education School Program named above has met all 2005-2006 documentation requirements.

Based on this review, the Department has determined that this program continues to operate with a "Full Approval" status. This approval will continue until 8/31/06, the school year during which the next regularly scheduled Program Review will be conducted, or until the Department determines that this "Full Approval" status must be revoked as provided under 603 C.M.R. 28.090.

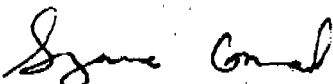
Please be advised that the attached Department of Education Approval Certificate must be conspicuously posted in a public place within the program as required by 603 CMR 28.09.

Finally, we are advising you that the Department of Education is issuing its approval of this program with the expectation that the program will provide the Department with prior notice of all substantial changes in the program (see Form 1 included in current Department of Education Application Procedures) for these programs and timely reports of all incidents occurring in the program (see Form 2) as required by Board of Education Regulations. If the agency intends to establish another program (and/or a Reconstructed Private Program) which requires the Department's prior approval under 603 CMR 28.09, the agency must make notice to the Department of Education using Form 3. Please note that the failure of an agency to submit a required application for the prior approval of the Department for a public or private day or residential school program does not lead to an obligation on the part of the Department of Education to approve that program if it does not meet all the standards for approval in Board of Education Regulations.

The Department would be pleased to provide you with further information about your program's approval status noted above. Please contact me if this assistance is required. My telephone number is (781) 338-3739.

Thank you for your cooperation in this program review and approval process.

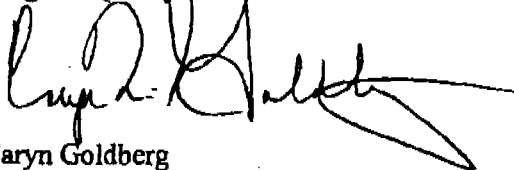
Sincerely,



Suzanne Conrad

Liaison

Program Quality Assurance Services



Caryn Goldberg

Supervisor

Program Quality Assurance Services

Attachments: Application Face Sheet

C: John D. Stager, Administrator, Program Quality Assurance Services
Application File

APPLICATION FACE SHEET
FOR DEPARTMENT OF EDUCATION APPROVAL OF A
MASSACHUSETTS PUBLIC OR PRIVATE DAY OR RESIDENTIAL
SPECIAL EDUCATION SCHOOL PROGRAM
(IDEA-97 and M.G.L. C.71B, 683 C.M.R. Section 18.00 and Section 28.00)

DATE OF REQUEST 10-1-05

☒ APPLICATION FOR APPROVAL OF A NEW PUBLIC OR PRIVATE PROGRAM
☐ APPLICATION RENEWAL OF A CURRENTLY APPROVED PUBLIC OR PRIVATE PROGRAM
☐ APPLICATION FOR APPROVAL OF A RECONSTRUCTED PRIVATE PROGRAM

School District/Collaborative or Private School Name: Italian Home for Children (Day)Agency Address: 1125 Centre St. Jamaica Plain MA Telephone: (617) 522-2221Fax Number: (617) 983-9212E-mail Address: jane@italianhome.orgName of Program: Italian Home for Children Tuition Rate: \$40,682.40 / \$184.92 / dayName of Building Where Program is Located: School BldgAddress of Program: 1125 Centre St. Jamaica Plain MA Telephone: (617) 522-2221☒ Day School Program ☐ Residential School Program Current Enrollment: 26 Maximum Enrollment: 34# Enrolled by Funding Source: MA School Districts: 26 MA State Agencies: MA Private Pay: Private Pay Other States: Public Pay Other States: DOE Private School Program Code Number (for existing approved program): 5534 B(Check one) ☐ 10-month Program ☐ 11-month Program ☒ 12-month Program ☐ Summer Program

The Department of Education is hereby requested to approve the special education school program named above and described in the attached documentation.

Name of Program Director: Jane Zoppi-Lewis Signature: Jane Zoppi-LewisAddress: 1125 Centre St. Jamaica Plain MA Telephone: (617) 522-2221 x303

DEPARTMENT OF EDUCATION ACTION:

Application received in Department of Education on 11/1/05Date of Last Onsite Visit: 11/1/05 Conducted by: Suzanne Conrad

APPROVAL STATUS:

New Program Temporarily Approved on: Expires on:

(Supervisor, Program Quality Assurance Services)

(Administrator, Program Quality Assurance Services)

Program Provisionally Approved on: Expires on:

(Supervisor, Program Quality Assurance Services)

(Administrator, Program Quality Assurance Services)

Program Fully Approved on: 12/23/05 Expires on: 8/31/06

(Supervisor, Program Quality Assurance Services)

(Administrator, Program Quality Assurance Services)



COPY

Schools and Libraries Division

Jun 12, 2007

PIA 3

Ross Wheadon
ITALIAN HOME FOR CHILDREN
Telephone:
Application Number

(585) 9249200 Ext 120
558248

Response Due Date: June 27, 2007

The Program Integrity Assurance (PIA) team is in the process of reviewing all Funding Year 2007 Form 471 Applications for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. We are currently in the process of reviewing your Funding Year 2007 Form 471 Application. To complete our review, we need some additional information. The information needed to complete the review is listed below.

Based on documentation that you have provided, we have determined that Application 558248 includes ineligible items. According to program rules, USAC is unable to fund ineligible products or services. The charges associated with ineligible items must be identified and removed. Listed below are the ineligible items and their associated costs:

<residential program>

<81%>

Please confirm if you agree with the cost allocation. If you do not agree with the cost allocation that we have produced, you must provide an alternative cost allocation identifying the cost(s) for the ineligible item(s).

If you do not respond within 15 days, *the FRN will be modified to remove the ineligible items*

For further information, see "Cost Allocation Guidelines for Products and Services" located in the Reference Area of the SLD Web site at:
<http://www.universalservice.org/sl/applicants/step06/cost-allocation-guidelines-products-services.aspx>.

Please provide the following additional information about these entities:

1. Provide a detailed description of the *individualized need and therapy*

(5)

- programs
2. Identify the dollars or the percentage of dollars associated with the *individualized need and therapy* programs

Your response must include signature and title; or if responding via email, name and title.

For further information regarding Pre-K facilities, please refer to the USAC website
a: . <http://www.usac.org/sl/applicants/step01/non-traditional-K-12/>

Please fax or email the requested information to my attention. If you have any questions, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to do so may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,
Sasha Tyndale
PIA Reviewer
Program Integrity Assurance
USAC, Schools and Libraries Division
Phone: 973-581-7539
Fax: 973-599-6576
E-mail: styndal@sl.universalservice.org

Jun 12, 2007

PIA-3-Response, * 1

Ross Wheadon
ITALIAN HOME FOR CHILDREN
Telephone: (585) 9249200 Ext 120
Application Number 558248
Response Due Date: June 27, 2007

COPY

Sasha Tyndale
PIA Reviewer
Program Integrity Assurance
USAC, Schools and Libraries Division
Phone: 973-581-7539
Fax: 973-599-6576
E-mail: styndal@sl.universalservice.org

Based on documentation that you have provided, we have determined that Application 558248 includes ineligible items. According to program rules, USAC is unable to fund ineligible products or services. The charges associated with ineligible items must be identified and removed. Listed below are the ineligible items and their associated costs:
<residential program> <81%>

Please confirm if you agree with the cost allocation. If you do not agree with the cost allocation that we have produced, you must provide an alternative cost allocation identifying the cost(s) for the ineligible item(s).

No, I do not agree with this allocation. See below -

Please provide the following additional information about these entities:

1. Provide a detailed description of the individualized need and therapy programs
2. Identify the dollars or the percentage of dollars associated with the individualized need and therapy programs

In response to questions 1 & 2, I will refer you to my response dated 6/12/07 where both of these questions are addressed. There is no question that the 81% of the entity is 'residential'. However, in the document within the response, it states that the Commonwealth of Massachusetts has given us an exempt status, stating that 100% of the facility is considered educational as the program requires residential status. This is explained more in detail in the previous mentioned 6/12/07 response document.

Your response must include signature and title; or if responding via email, name and title.

Ross Wheadon
Erate Operations Manager
Tariff Affiliates, Inc.

6

PIA-3-Response, * 2 COPY

In regards to the request, the Italian Home for Children includes Special Education Residential and Day School programs as entitled by Massachusetts General Laws, Chapter 766 Special Education Law. Accordingly, Massachusetts Department of Education (DOE) reviews and licenses (approvals attached) both of these Special Education Programs in residential schools in order to meet every child's 24-hour special need and the legal requirement as such.

The student population at the Italian Home is emotionally disturbed and learning disabled children aged five to twelve years. They have suffered such severe abuse and neglect that their special need is for structured, nurturing care 24 hours per day in our residential program. As such, waking, dressing, eating, classroom, recreation, homework and bedtime are each times that can evoke memories of abuse. Therefore, DOE has deemed their special need for residential treatment including the classroom component. Accordingly, the DOE requires that we maintain a ratio of one professional, trained counselor to every four children, 24 hours per day. When the special need is for residential care, DOE must ensure there is a qualified residential school (The Italian Home) to meet every child's educational need.

Please note that in Massachusetts, licenses expire by the expiration date on the license or when the licensing authority revisits for new licensing, whichever comes later. Therefore, the licenses I have sent are current and in force. The Mass DOE has not made a cite visit since the currently used license has been created and is in place.

With this said, please see the attached license certificates for each location.

(7)

The Commonwealth of Massachusetts
Department of Education

ITALIAN HOME FOR CHILDREN

A PRIVATE SPECIAL EDUCATION SCHOOL PROGRAM OPERATED PURSUANT TO

~~603 CMR 18.00 28.00~~

1125 Centre Street, Jamaica Plain, MA 02130

Italian Home for Children - Residential Program

Day Program ☒ Residential Program ☒ Current Enrollment: 29

Department of Education Private School Program Code Number: 5534A

10 month program

11 month program

12 month program ☐

Summer program

APPROVAL STATUS
FULL APPROVAL

Expires on: 8/31/06

JOSEPH CONRAD, LIAISON, PROGRAM QUALITY ASSURANCE SERVICES

CARLYN B. BULLOCK, SUPERVISOR, PROGRAM QUALITY ASSURANCE SERVICES

JOHN D. STAGGS, ADMINISTRATOR, PROGRAM QUALITY ASSURANCE SERVICES

The Commonwealth of Massachusetts
Department of Education

ITALIAN HOME FOR CHILDREN

A PRIVATE SPECIAL EDUCATION SCHOOL PROGRAM OPERATED PURSUANT TO

~~603 CMR 18.00 AND 28.00~~

1125 Centre Street, Jamaica Plain, MA 02130

Italian Home for Children - Day Program

X

Day Program

Residential Program

Current Enrollment: 30

Department of Education Private School Program Code Number: 56243

10 month program

11 month program

12 month program

Summer program

APPROVAL STATUS
FULL APPROVAL

Expires on: 8/31/06

SUZANNE CORLETT, LINDSON, PROGRAM QUALITY ASSURANCE SERVICES

CAROL N. GORDON, SUPERVISOR, PROGRAM QUALITY ASSURANCE SERVICES

JOHN D. STIGER, ADMINISTRATOR, PROGRAM QUALITY ASSURANCE SERVICES



**THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF CHILD CARE SERVICES**

*Mitt Romney, Governor
Ronald Preston, Secretary*

Regular License to Operate a Group Care Program

Program Number: 400488

License Number: 1475186

In accordance with the provisions of Chapter 28A of the General laws, and regulations established by the Office of Child Care Services, a license is hereby granted to:

Licensee Name: Italian Home for Children

Program Name: Italian Home for Children

Program Location: 1125 Centre Street, Jamaica Plain, MA 02130

Total Capacity: 31

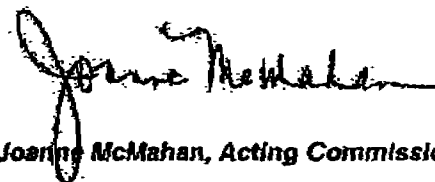
Capacity Detail: Minimum Age: 4 Maximum Age: 13

Issue date: 1/4/2005

Expiration date: 1/3/2007

License printed on: 1/27/2005

Licenser: 6R019

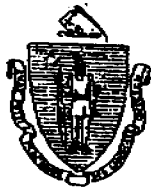

Joanne McMahan, Acting Commissioner

Please Post Conspicuously

This License is Not Transferable

Fax:

Jun 12 2007 10:23am P004/007



**THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF CHILD CARE SERVICES**

*Mitt Romney, Governor
Ronald Preston, Secretary*

Regular License to Operate a Group Care Program

Program Number: 401052

License Number: 1475185

In accordance with the provisions of Chapter 28A of the General laws, and regulations established by the Office of Child Care Services, a license is hereby granted to:

Licensee Name: Italian Home for Children

Program Name: The Boston Center for Children

Program Location : 1125 Centre Street , Jamaica Plain, MA 02130

Total Capacity: 30

Capacity Detail: Minimum Age: 4 Maximum Age: 12

Condition: This facility is licensed to provide Limited Shelter Care for children within the licensed capacity.

Issue date: 1/4/2005

Expiration date: 1/3/2007

License printed on: 1/27/2005
Licenser: 6R019


Joanne McMahan, Acting Commissioner

Please Post Conspicuously

This License is Not Transferable



**THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF CHILD CARE SERVICES**

*Mitt Romney, Governor
Ronald Preston, Secretary*



Program Number: 490324

License Number: 1475166

In accordance with the provisions of Chapter 28A of the General laws, and regulations established by the Office of Child Care Services, a license is hereby granted to:

Licensee Name: Italian Home for Children

Program Name: Cranwood-Palmer Court

Program Location: Palmer Court Extension, East Freetown, MA 02717

Total Capacity: 10

Capacity Detail: Minimum Age: 5 Maximum Age: 12

Issue date: 12/6/2004

Expiration date: 12/5/2006

License printed on: 12/25/2004

Licenser: 6R019

Joanne McMahan, Acting Commissioner

Please Post Conspicuously

This License is Not Transferable



**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EARLY EDUCATION AND CARE**

Mitt Romney, Governor



Program Number: 4904119

License Number: 1475698

In accordance with the provisions of Chapter 28A of the General laws, and regulations established by the Department of Early Education and Care, a license is hereby granted to:

Licensee Name: Italian Home for Children

Program Name: Cranwood Group Home - STARR

Program Location: 9 Pinewood Ct., East Freetown, MA 02717

Total Capacity: 9

Capacity Detail: Minimum Age: 5 Maximum Age: 12

Issue date: 11/6/2006

Expiration date: 5/5/2007

License printed on: 11/6/2006

Licensors: 6R019

Ann Reale, Commissioner

Please Post Conspicuously

This License is Not Transferable

Fax:

Jun 12 2007 10:23am P007/007



Schools and Libraries Division

Jul 23, 2007

PIA-4 A

COPY

Ross Wheadon
ITALIAN HOME FOR CHILDREN
Telephone:
Application Number

(585) 9249200 Ext 120
558248

Response Due Date: August 7, 2007

The Program Integrity Assurance (PIA) team is in the process of reviewing all Funding Year 2007 Form 471 Applications for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. We are currently in the process of reviewing your Funding Year 2007 Form 471 Application. To complete our review, we need some additional information. The information needed to complete the review is listed below.

Based on the documentation that you have provided, the following entity(ies) or location(s) are ineligible ***Italian Home for Children***. We intend to modify FRN 1548799, 1548821, 1548829, and 1548838 to remove costs to ineligible entities. The pre-commitment funding requests have been changed to remove 81% from each FRN.

Please confirm if you agree with the cost allocation. ____ Yes or ____ No

If you do not agree with the cost allocation that we have produced, you must provide an alternative cost allocation identifying the cost(s) for the ineligible item(s).

What to do if you disagree

Option I

If you do not agree with the cost allocation, you must provide an alternative cost allocation identifying the cost(s) for the ineligible entity(ies).

Option II

If you do not agree with our eligibility assessment of your entity(ies), then provide third party supporting documentation to show why this entity(ies) is eligible.

8

Option III

You may request to remove the ineligible item(s) from this FRN and place this item(s) in a new FRN. Would you like to split the FRN? _____ Yes or _____ No.

If yes, you must provide us with the information for the new FRN.

- Modify the current Form 471 Block 5 FRN information to remove the cost associate with the ineligible entity.
- Provide the Block 5 information for the original FRN (pre and post-split FRN). The post-split FRN will be a request for the amount for the original FRN with the ineligible cost removed.
- Complete Block 5 for the new FRN. The new FRN will be a request for the amount for the ineligible entity.

Please complete the blank Form 471, Block 5 below. For additional instructions to fill out your Block 5 refer to Form 471 filing instructions at <http://www.usac.org/sl/tools/required-forms.aspx>.

Entity Number _____		Applicant's Form Identifier _____	
Contact Person _____		Phone Number _____	
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) of _____ Block 5, page _____ which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.			
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:			
11 Category of Service (only ONE category should be checked)		23 Calculations	
<div><div>PRIORITY 1</div><div><input type="checkbox"/> Telecommunications Service</div><div>Internet Access</div></div> <div><div>PRIORITY 2</div><div><input type="checkbox"/> Internal Connections Other than Basic Maintenance</div><div>Basic Maintenance of Internal Connections</div></div>		<div>Recurring Charges</div> <div>A. Monthly charges (total amount per month for service)</div>	
12 Form 470 Application Number		<div>B. How much of the amount in A is ineligible?</div>	
13 SPIN – Service Provider Identification Number		<div>C. Eligible monthly pre-discount amount (A minus B)</div>	
14 Service Provider Name			

			E. Annual pre-discount amount for eligible recurring charges (C x D)
15a	<input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.	Non-Recurring Charges	F. Annual non-recurring charges
15b	Contract Number		
15c	<input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		G. How much of the amount in F is ineligible?
15d	Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
16b	<input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
17	Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		
18	Contract Award Date (mm/dd/yyyy)		
19	Service Start Date (mm/dd/yyyy)	Total Charges	I. Total funding year pre-discount amount (E + H)
20a	Service End Date (mm/dd/yyyy)		J. Discount from Block 4 Worksheet
20b	Contract Expiration Date (mm/dd/yyyy)		K. Funding Commitment Request (I x J)
21	Description of This Service:		
22	Entity/Entities Receiving This Service:	Attachment a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):	

If you do not respond within 15 days, the FRN will be modified to remove the ineligible entity(ies).

Please fax or email the requested information to my attention. If you have any questions, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to do so may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Sasha Tyndale
PIA Reviewer
Program Integrity Assurance
USAC, Schools and Libraries Division
Phone: 973-581-7539
Fax: 973-599-6576
E-mail: styndal@sl.universalservice.org



COPY

Schools and Libraries Division

Jul 23, 2007

Receive 7/27

PIA - 4 B

Ross Wheadon
ITALIAN HOME FOR CHILDREN
Telephone:
Application Number

(585) 9249200 Ext 120
558248

Response Due Date: August 7, 2007

You were recently sent a written request for additional information needed by the Program Integrity Assurance (PIA) team to review your Funding Year 2007 Form 471 application to ensure that it is in compliance with the rules of the Universal Service program. This is a reminder that the response due date is approaching. To date, none of the requested information has been received. The information needed to complete the review is listed below.

Based on the documentation that you have provided, the following entity(ies) or location(s) are ineligible ***Italian Home for Children***. We intend to modify FRN 1548799, 1548821, 1548829, and 1548838 to remove costs to ineligible entities. The pre-commitment funding requests have been changed to remove 81% from each FRN.

Please confirm if you agree with the cost allocation. ☐ Yes or ☐ No

If you do not agree with the cost allocation that we have produced, you must provide an alternative cost allocation identifying the cost(s) for the ineligible item(s).

What to do if you disagree

Option I

If you do not agree with the cost allocation, you must provide an alternative cost allocation identifying the cost(s) for the ineligible entity(ies).

Option II

If you do not agree with our eligibility assessment of your entity(ies), then provide third party supporting documentation to show why this entity(ies) is eligible.

(9)

Option III

You may request to remove the ineligible item(s) from this FRN and place this item(s) in a new FRN. Would you like to split the FRN? ____ Yes or ____ No.

If yes, you must provide us with the information for the new FRN.

- Modify the current Form 471 Block 5 FRN information to remove the cost associate with the ineligible entity.
- Provide the Block 5 information for the original FRN (pre and post-split FRN). The post-split FRN will be a request for the amount for the original FRN with the ineligible cost removed.
- Complete Block 5 for the new FRN. The new FRN will be a request for the amount for the ineligible entity.

Please complete the blank Form 471, Block 5 below. For additional instructions to fill out your Block 5 refer to Form 471 filing instructions at <http://www.usac.org/sl/tools/required-forms.aspx>.

Entity Number _____ Applicant's Form Identifier _____	
Contact Person _____ Phone Number _____	
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) of ____ Block 5, page ____ which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.	
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:	
11 Category of Service (only ONE category should be checked) PRIORITY 1 Telecommunica tions Service <input type="checkbox"/> Internet Access PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations Recurring Charges A. Monthly charges (total amount per month for service) B. How much of the amount in A is ineligible? C. Eligible monthly pre-discount amount (A minus B)
12 Form 470 Application Number	
13 SPIN – Service Provider Identification Number	
14 Service Provider Name	

			E. Annual pre-discount amount for eligible recurring charges (C x D)
15a	<input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.	Non-Recurring Charges	F. Annual non-recurring charges
15b	Contract Number		
15c	Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		G. How much of the amount in F is ineligible?
15d	<input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: _____		
16b	Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.	Total Charges	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
17	Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		I. Total funding year pre-discount amount (E + H)
18	Contract Award Date (mm/dd/yyyy)		J. Discount from Block 4 Worksheet
19	Service Start Date (mm/dd/yyyy)		K. Funding Commitment Request (I x J)
20a	Service End Date (mm/dd/yyyy)		
20b	Contract Expiration Date (mm/dd/yyyy)		
21	Description of This Service: Attachment		
22	Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):		

If you do not respond within 15 days, the FRN will be modified to remove the ineligible entity(ies).

It is important that we receive all of the information requested so the PIA team can complete its review. Please fax or email the requested information to my attention. If you have any questions please feel free to contact me.

If we do not receive the requested information by August 7, 2007, your application(s) will be reviewed using the information currently on file. Failure to respond may result in a reduction or denial of funding.

Should you wish to cancel your Form 471 application, or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s); along with the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

A copy of this correspondence is being forwarded to your State E-Rate Coordinator for informational purposes only.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,
Sasha Tyndale
PIA Reviewer
Program Integrity Assurance
USAC, Schools and Libraries Division
Phone: 973-581-7539
Fax: 973-599-6576
E-mail: styndal@sl.universalservice.org

Tariff Affiliates Erate

From: "Tariff Affiliates Erate" <erate@tariffaffiliates.com>
To: <styndal@sl.universalservice.org>
Sent: Friday, August 03, 2007 3:07 PM
Subject: Re: ERate App# 558248

COPY

Email Response PIA - 4

Sasha,

I have tried to contact you twice this week and have left two voicemails in regards to this request. The information request you sent to me on 7/27/07 looks to be the same request that was sent on 7/23/07 and that I have already responded to. Can you please contact me in regards to this as I am not sure what additional information you are looking for.

Please let me know if you have any questions.

Ross Wheadon

Tariff Affiliates, Inc.
 Erate Operations Director
 50 Victor Heights Parkway
 Victor, NY 14564
 Phone: (585) 924-9200 ext 120
 Fax: (585) 924-9575
 Email: erate@tariffaffiliates.com

----- Original Message -----

From: SelectiveTeam
To: Ross.Wheadon@1-585-9249575
Cc: erate@tariffaffiliates.com
Sent: Friday, July 27, 2007 9:21 AM
Subject: ERate App# 558248

Sasha Tyndale
 PIA Reviewer
 Program Integrity Assurance
 USAC, Schools and Libraries Division
 Phone: 973-581-7539
 Fax: 973-599-6576
 E-mail: styndal@sl.universalservice.org

Please see the attached.

10

10/4/2007

Confidentiality Notice: The information in this e-mail and any attachments thereto is intended for the named recipient(s) only. This e-mail, including any attachments, may contain information that is privileged and confidential and subject to legal restrictions and penalties regarding its unauthorized disclosure or other use. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action or inaction in reliance on the contents of this e-mail and any of its attachments is **STRICTLY PROHIBITED**. If you have received this e-mail in error, please immediately notify the sender via return e-mail; delete this e-mail and all attachments from your e-mail system and your computer system and network; and destroy any paper copies you may have in your possession. Thank you for your cooperation.

10/4/2007

Tariff Affiliates Erate

From: "Tariff Affiliates Erate" <erate@tariffaffiliates.com>
To: <styndal@sl.universalservice.org>
Sent: Friday, August 10, 2007 10:37 AM
Subject: Re: ERate App# 558248

COPY

"Introduce George"

Sasha,

As a follow up from our call on Wednesday, George's contact information is:

George P Forte Jr.

617-524-3116 (P)
617-983-5372 (F)
george@italianhome.org (Email)

I will forward the info onto you as soon as he sends it to me.

Thanks!

Ross Wheadon
Tariff Affiliates, Inc.
Erate Operations Director
50 Victor Heights Parkway
Victor, NY 14564
Phone: (585) 924-9200 ext 120
Fax: (585) 924-9575
Email: erate@tariffaffiliates.com

----- Original Message -----

From: SelectiveTeam
To: Ross.Wheadon@1-585-9249575
Cc: erate@tariffaffiliates.com
Sent: Friday, July 27, 2007 9:21 AM
Subject: ERate App# 558248

Sasha Tyndale
PIA Reviewer
Program Integrity Assurance
USAC, Schools and Libraries Division
Phone: 973-581-7539
Fax: 973-599-6576
E-mail: styndal@sl.universalservice.org

Please see the attached.

11

10/4/2007

Confidentiality Notice: *The information in this e-mail and any attachments thereto is intended for the named recipient(s) only. This e-mail, including any attachments, may contain information that is privileged and confidential and subject to legal restrictions and penalties regarding its unauthorized disclosure or other use. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action or inaction in reliance on the contents of this e-mail and any of its attachments is **STRICTLY PROHIBITED**. If you have received this e-mail in error, please immediately notify the sender via return e-mail; delete this e-mail and all attachments from your e-mail system and your computer system and network; and destroy any paper copies you may have in your possession. Thank you for your cooperation.*

Tariff Affiliates Erate

COPY

From: "Tariff Affiliates Erate" <erate@tariffaffiliates.com>
To: <styndal@sl.universalservice.org>
Cc: "George P. Forte" <george@italianhome.org>
Sent: Friday, August 10, 2007 2:52 PM
Attach: Tyndale, Sasha_Aug 10.pdf; DOE Day license.pdf; DOE Residential license.pdf; B.pdf; S.pdf
Subject: Fw: Italian Home's Program Description Detail

Sasha,

George Response COVER

Please see below for George Forte's (The Italian Home) response to this request.

Thank You

Ross Wheadon
Tariff Affiliates, Inc.
Erate Operations Director
50 Victor Heights Parkway
Victor, NY 14564
Phone: (585) 924-9200 ext 120
Fax: (585) 924-9575
Email: erate@tariffaffiliates.com

----- Original Message -----

From: George P. Forte
To: Tariff Affiliates Erate
Sent: Friday, August 10, 2007 2:41 PM
Subject: Italian Home's Program Description Detail

Dear Ross and Sasha,

I am pleased to provide the attached letter and documentation which, I believe, further supports our programs as Special Education 24 hours a day. I am always happy to explain our programs. Please feel free to contact me if I may offer any further explanation.

The best, logical order in which to read these attachments is: Tyndale, Sasha letter; DOE Day license; DOE Residential license; B and S, where B and S are the Individual Education Plans, complete with residential components, as authorized by the Massachusetts Department of Education.

Sincerely,

--Geo.

(12)



The Italian Home
for Children
Helping children in crisis for over 80 years

1125 Centre Street
Jamaica Plain, MA 02130-3495
Phone: 617-524-3116
Fax: 617-983-5372

George Respose

August 10, 2008

COPY

Sasha Tyndale
PIA Reviewer
Program Integrity Assurance
USAC, Schools and Libraries Division
c/o Ross Wheadon
Tariff Affiliates, Inc.
Erate Operations Director
50 Victor Heights Parkway
Victor, NY 14564

Dear Ms. Tyndale:

Thank you for the opportunity to explain the nature of Special Education Services at the Italian Home for Children, and the appropriate conclusion that virtually all services here in Jamaica Plain are indeed Special Education as licensed by the Massachusetts Department of Education (DOE).

In order to assist you to follow along with the attachment, I have used bold parentheses () in this letter below and used the same number system in the attachment, marking a big, bold number in the lower left of each excerpt page. Please feel free to call me anytime if I can clarify any item(s).

I have attached our licenses from DOE for both Day (1) and Residential (2) programs. In our Day Program, students are able to live at home. However Department of **Education** must also license our **Residential** Program because for students in this, our largest program, their Special Educational need is for a structured living environment as well as a well structured classroom. In fact, for most of these students, that need and/or goal is listed in their Massachusetts DOE Individualized Education Plan (IEP).

I have attached IEP need and goal details for a sample of two students, "B" and "S," which represents this **educational need for a residential placement**.

(3) The IEP for "B" lists his eligibility for special education services in Item Three on Page One. (4) On Page Four his Annual Goal #1, Objective #3 says, "B will work on goals developed in the dorm that are applicable to school." The dorm refers to our living quarters as supervised by child care workers and licensed by DOE.

13

(5) The next page lists goals in the dormitory all of which apply to B's special needs and the use of child care staff to address those needs, in accordance with the IEP.

(6) Page Four of B's updated IEP specifically lists transition from residence to school in Objective Three, further evidence of DOE's acknowledgement that special education occurs in our residence as well.

(7) Local Education Authorities (LEA's), Mansfield and Boston in B's case, share the cost of special education services—the full cost of residential/educational services, with DOE. This funding arrangement further explains that the Department of Education sees our children's special educational needs as both residential and educational.

(8) The next page, Item Four, "Special Education Service Delivery," includes at the bottom of Table C "Special Education and Related Services in Other Setting," Residential and 11 staff. So our children's educational needs include the need to learn in the residence. Each child is different, but typically they need to learn to handle their emotions, impulses and activities of daily life. Without the intense supervision and high level of structure, our children would be unable to address their special educational needs at home as well as at school.

(9) The Service Input Form as authorized by DOE lists "residential" as the Service Type.

(10) In the Individualized Treatment Plan for B, under B. Behavioral self control, for example, is explains, "B continues to have difficulty controlling his behaviors..." **(11)** The next page treatment goals and interventions, typical of our special need children, as licensed by DOE. Item C, Life skills and self care further describe those special needs, treatment goals and interventions.

(12) B's progress review lists recommendations on its final, Page Three. These recommendations all refer to the therapeutic milieu, our residential services and setting, licensed and paid for by DOE and required in B's IEP as issued by DOE.

B's original referral gives you an appreciation for the severe difficulties facing our students. In fact, since that time, our students come to us with even more severely troubled backgrounds, all of which we handle with calm, therapeutic patience and firm structure, so that all educational needs, both in the classroom and in the residential dormitories, can be met. We do that quite well and our reputation in the educational community is for handling the toughest cases with

professional, special educational staff 24 hours a day. (13) Page 16, Item #1 at the bottom describes that structure and benefit quite well.

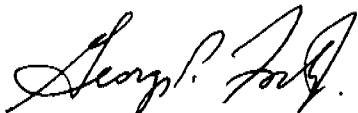
(14) The IEP for "S" lists an existence of disability and therefore, his eligibility for special education services in Item Three on Page One. (15) Page Five shows an Annual Goal #1 Social/Emotional for a structured setting.

(16) Recommendations S's psychological assessment five pages in, Item #5 lists the recommendation for S's special educational needs that go beyond school and extend into home-based needs.

(17) Massachusetts DOE's Recommendation for Diagnostic Evaluation displays at the bottom, Questions/Diagnostic/Procedures/Results as the entire range of 24-hour care.

I hope I have affectively explained that what goes on at the Italian Home's Jamaica Plain campus, is entirely special educational. This is supported by Massachusetts Chapter 766 Special Education Law which says that children must be educated in the way that is best for their individual needs. When that individual need is so severe that it requires removal from a family setting, DOE authorizes and the LEA's pay for those services 24 hours a day, 7 days a week. Although it is certainly a residential service, that residential service is required as a special educational need. Our 24 hour care is based on Department of Education program license, payment, review and approval. For us, for DOE and certainly for the student, *it is all education.*

Sincerely,

A handwritten signature in cursive script, appearing to read "George P. Forte Jr.", written in dark ink.

George P. Forte Jr.
Business Manager

The Commonwealth of Massachusetts
Department of Education

ITALIAN HOME FOR CHILDREN

A PRIVATE SPECIAL EDUCATION SCHOOL PROGRAM OPERATED PURSUANT TO

601 CMR 18.00(3)(b) 28(b)

1125 Centre Street, Jamaica Plain, MA 02130

Italian Home for Children - Residential Program

Day Program

X

Residential Program

Current Enrollment: 29

Department of Education Private School Program Code Number: 5534A

10 month program

11 month program

12 month program

Summer program

APPROVAL STATUS
FULL APPROVAL

Expires on: 8/31/06

SUZANNE CONRAD, PERSON, PROGRAM QUALITY ASSURANCE SERVICES

CARIN C. BOLLING, SUPERVISOR, PROGRAM QUALITY ASSURANCE SERVICES

JOHN D. STAGGS, ADMINISTRATOR, PROGRAM QUALITY ASSURANCE SERVICES

The Commonwealth of Massachusetts
Department of Education

ITALIAN HOME FOR CHILDREN

A PRIVATE SPECIAL EDUCATION SCHOOL PROGRAM OPERATED PURSUANT TO

603.CMR.18.00 AND 28.09

1125 Centre Street, Jamaica Plain, MA 02130

Italian Home for Children – Day Program

X Day Program Residential Program Current Enrollment: 30

Department of Education Private School Program Code Number: 5534B

10 month program 11 month program X 12 month program Summer program

**APPROVAL STATUS
FULL APPROVAL**

Expires on: 8/31/06

Suzanne Conrad, Liaison, Program Quality Assurance Services

Carmen Goldberg, Supervisor, Program Quality Assurance Services

John D. Singer, Administrator, Program Quality Assurance Services

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EDUCATION
INDIVIDUALIZED EDUCATIONAL PLAN (IEP)

School District: Mansfield

MEETING	
Date:	<u>12/12/96</u>
Type:	
<input type="checkbox"/> Initial Evaluation	
<input checked="" type="checkbox"/> Review # <u>1</u>	
<input type="checkbox"/> Reevaluation	

PART A: INFORMATION SECTION

1. STUDENT INFORMATION

Student name: [redacted] [redacted] B Identification number: _____
last first middle
Birth date: [redacted] 85 Age: 11 Grade: 4G Primary language: English
Address: 1125 Centre St Home Telephone: () _____
School name/address: Italian Home School, 1125 Centre St, Jamaica Plain, MA
School Telephone: (617) 522-2221

2. PARENT INFORMATION

Information below pertains to: ☒ Parent ☐ Foster Parent ☐ Guardian ☐ Educational Advocate ☐ Student

Name: S [redacted] Name: _____
Address: [redacted] Address: _____
Home telephone: (508) [redacted] Home Telephone: () _____
Other telephone: () _____ Other Telephone: () _____
Primary language of the home: _____ Primary language of the home: _____

3. INITIAL EVALUATION AND REEVALUATION INFORMATION

Prereferral Activities (for initial evaluation only)

Prereferral activities were implemented: ☐ Yes, documented in student record ☐ No

If no, explain: _____

Eligibility Determination

Existence of disability: ☐ Yes ☐ No

Student is making effective progress in regular education: ☐ Yes ☒ No

Eligible for special education services: ☒ Yes ☐ No

If student is not eligible for special education, complete Parts C & D on last page of IEP form. If student is eligible for special education, complete the IEP form.

4. IEP INFORMATION

Liaison name: Ray Hurley/Karin Randolph Position: ETL - Mansfield Telephone: () _____
IEP period: 12/96 to 12/97 Next scheduled annual review date: 12/97
Scheduled three year evaluation date: 12/98
Cost share placement: ☒ Yes, cost share participants: _____ ☐ No

3

Student Name: B [redacted]Date of Birth: [redacted] 85IEP Period: 11/96-11/97

PART B: STUDENT SECTION

1. STUDENT PERFORMANCE PROFILE

Describe: (a) student's areas of strength; (b) student's area(s) of need; and (c) the current level(s) of performance for each area of need that corresponds to attached goal(s) and objectives.

B [redacted] is a friendly, polite, 11 year old boy who is working below grade level in all his academic areas. Brandon's classroom behavior has improved dramatically since his last I.E.P. He has become more confident and assured of himself and is eager to learn so he can become "educated." B [redacted] has made The school's highest behavior level Leader Corps Sept & October and has had no time-outs. At all he is very proud of with good reason. Occasionally B [redacted] needs to be re-focused and reminded to follow directions but his most annoying behaviors, Roaming, calling out, inappropriate noises & body sounds have slowly been disappearing.

B [redacted] reads at a 34/44 level and is starting to work better independently. B [redacted] still has difficulty with math facts and needs one-to-one attention to do a lot of his work. He is eager to start multiplication & learn his times tables. B [redacted] enjoys Science & Social Studies and reads constantly so he can answer questions. He listens attentively to lectures and 95% has the right answer.

STUDENT INSTRUCTIONAL PROFILE

Describe: (a) student's approach to learning; and (b) instructional approaches and/or modifications in the classroom and other settings that will facilitate successful accommodation and education for the student, including teaching approach, curriculum methods, equipment, assistive technology, staff, facilities, grading, testing, etc.

B [redacted] comes to school with a positive attitude for learning. His excellent long term memory skills help him participate in class discussions. His short term memory though needs lots of reminders and patient handling. He does not like to appear unknowing and will often rebuke an adult's help before he admits he can't do something. Constant repetition, adult help and a multitude of hands-on materials have helped. This past I.E.P. period has shown an increase in positive peer interaction. B [redacted] is now asked to play games and share in the others activities. He is slowly losing his social ineptness and becoming a good friend. There is less of B [redacted]'s unfocused behavior and confusion and more joining in and sharing ideas.

B [redacted]'s ideal classroom should be highly structured, routinized and have a large adult contingent of teachers to students. Hopefully This will be another positive year for B [redacted].

☐ Check box if information is continued on another page

Student Name: B. [redacted]

Date of Birth: [redacted]/85

IEP Period: 11/96 - 11/97

3. GOALS AND OBJECTIVES

ANNUAL GOAL# ① B. [redacted] will work on appropriate school behavior.

Objectives and Evaluation Procedure and Schedule

1. Objective: B. [redacted] will communicate his needs to the appropriate school person 95% of the time.

Evaluation Procedure: Teacher Observation, Clinical Conferences, Quarterly

Evaluation Schedule: Quarterly

2. Objective: B. [redacted] will ask for teacher assistance in appropriate ways: by raising his hand, excusing himself, not calling out and asking for help at the right time 95%.

Evaluation Procedure: Tests, reviews, teacher observation

Evaluation Schedule: Quarterly

3. Objective: B. [redacted] will work on appropriate peer relationships ie not tattling, teasing or laughing at others and not calling out answers to others questions 95%.

Evaluation Procedure: Teacher Observation

Evaluation Schedule: Quarterly

4. Objective: B. [redacted] will stay on task during independent work without leaving his seat and roaming, interfering with other children's work and not resenting a teacher's help when needed.

Evaluation Procedure: Teacher Observation

Evaluation Schedule: Quarterly

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report

Student Name: B. [redacted]

Date of Birth: [redacted] / 85

IEP Period: 11/96 - 11/97

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 1 continued

Objectives and Evaluation Procedure and Schedule

1. Objective: B. [redacted] will leave and enter the classroom in an appropriate manner as not to disturb his own class and other classes 95% of the time

Evaluation Procedure: Tests, reviews, teacher observations
Evaluation Schedule: Quarterly

2. Objective: B. [redacted] will work on study and homework skill and allow staff to work with him 95%

Evaluation Procedure: Tests, reviews, teacher observation
Evaluation Schedule: Quarterly

3. Objective: B. [redacted] will work on goals developed in the IEP that are applicable to school

Evaluation Procedure: Teacher Observation
Evaluation Schedule: Quarterly

4. Objective:

Evaluation Procedure: Teacher Observation
Evaluation Schedule: Quarterly

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report

SERVICE	PROVIDER(S)	GOAL(S)
Visiting Schedule		
weekly sup. 1 hr. visit	coordinated C. Jones-React	maintain contacts
Behavioral Management		practice appropriate boundaries + limits
during visits		
visits are supervised		
Visiting restrictions		
visits are limited to supervised, on-grounds by agreement of mo.		
Phone restrictions		
supervised phone calls w/ mo. by agreement		
Individual Counseling		assist him in understanding adult/child roles + boundaries help him grieve all 5 mo's deaths
weekly	Carolyn Jones-React	
Group Counseling		
twice weekly community mtg.	C. Thylert, J. Binstock, & child care staff	process community iss.
Completed fire safety grps. (part I + II)	C. Thylert + J. Binstock	process fire setting issues
weekly group sessions of sexual abuse grp.	M. Marchand, J. Price, J. Lina	process sexual abuse
Behavior Management at program		decrease sexualizing requests + interactions w/ female
nude treatment	child care staff	increase appropriate boundaries w/ adults + peers
		increase ability to interact w/ peers in activities
Recreation		sustain interest
club program	child care staff	increase social skills + play skills
Vocational Training &		increase energy level
Life Skills		increase ability to defend self verbally to peers
nude treatment	child care staff	continue encopresis program
Community Activities		
consider for community activities		

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EDUCATION
INDIVIDUALIZED EDUCATIONAL PLAN (IEP)

School District: Mansfield Public Schools

PART A: INFORMATION SECTION

MEETING

Date: 12/21/95

Type

- ☐ Referral
☐ Diagnostic
☐ Initial Evaluation
☒ Review # 01
☐ Reevaluation
☐ Amendment

1. STUDENT INFORMATION

Student Name: [redacted] Brandon Identification Number: 3152
last first middle
Birth Date: [redacted] 85 Age: Years 10 Months 6 Grade: 04 U Primary Language: English
Address: [redacted] Mansfield MA 02048- Home Telephone: [redacted]
School Name/Address: THE ITALIAN HOME 1125 Centre Street Jamaica Plain, MA 02130-3495
School Telephone: (617)522-2221

2. PARENT INFORMATION

Information Below Pertains To: ☒ Parent ☐ Foster Parent ☐ Guardian ☐ Educational Advocate ☐ Student

Name: S [redacted] Name: _____
Address: [redacted] Mansfield MA 02048- Address: _____
Home Telephone: [redacted] Home Telephone: _____
Other Telephone: (508) - Other Telephone: (508) -
Primary Language of the Home: English Primary Language of the Home: English

3. INITIAL EVALUATION AND REEVALUATION INFORMATION

Prereferral Activities (for Initial evaluation only)

Prereferral activities were implemented: ☐ Yes, documented in student record. ☐ No

If no, explain: _____

Eligibility Determination

Existence of disability: ☒ Yes ☐ No

Student is making effective progress in regular education: ☐ Yes ☒ No

Eligible for special education services: ☒ Yes ☐ No

If student is not eligible for special education, complete Parts C & D on last page of IEP form. If student is eligible for special education, complete the IEP form.

4. IEP INFORMATION

Liaison Name: KARIN RANDOLPH Position: PPS DIRECTOR Telephone: (508)261-7507

IEP Period: 11/01/95 to 11/01/96 Next Scheduled Annual Review Date: November 1996

Scheduled Three Year Evaluation Date: November 1997

Cost Share Placement: ☒ Yes, Cost Share Participants: MPS/DOE ☐ No

Student Name: B. [REDACTED]

Date of Birth: [REDACTED] 8-5-

IEP Period: 11/95-11/96

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 2 Behavior [REDACTED] will work on appropriate classroom behavior

Objectives and Evaluation Procedure and Schedule

1. Objective: [REDACTED] will communicate his needs to the appropriate school person 90% of the time

Evaluation Procedure: Teacher Observation, Clinical Interviews, Quarterly
Evaluation Schedule: Quarterly

2. Objective: [REDACTED] will ask for teacher assistance in appropriate ways, explaining himself, raising his hand and not calling out and choosing appropriate times to ask for help

Evaluation Procedure: same
Evaluation Schedule: same

3. Objective: [REDACTED] will work on appropriate peer relationships without tattling, laughing at others, acting immaturely, answering others questions

Evaluation Procedure: same
Evaluation Schedule: same

4. Objective: [REDACTED] will stay on task during independent work 90% of the time and complete an appropriate quantity + quality of work 95% of the time

Evaluation Procedure: same
Evaluation Schedule: same

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report.

Student Name: B. [REDACTED]

Date of Birth: [REDACTED] / 85

IEP Period: 11/95 - 11/96

PART B: STUDENT SECTION

1. STUDENT PERFORMANCE PROFILE

Describe: (a) student's areas of strength; (b) student's area(s) of need; and (c) the current level(s) of performance for each area of need that corresponds to attached goal(s) and objectives.

B. [REDACTED] is an attractive amiable, 10 year old boy who is working below grade level in all his academic areas. B. [REDACTED]'s classroom behavior varies according to his anxiety level around family visits and issues. B. [REDACTED] acts immaturely both with adults and peers and has limited social skills. B. [REDACTED] requires a time-out when he acts silly, refuses to do his work and verbally or physically threatens another child or adult. At his worst he may need to be physically dragged from the room. B. [REDACTED] has low self-esteem and low frustration and tolerance level. B. [REDACTED] is reading at a low 3rd grade level and has difficulty doing independent seat work. Mathematically B. [REDACTED] scored a kindergarten 5 on the Key Math given in June 1995. He is currently doing a review of basic addition/subtraction facts and has started working on 2 digit numbers. B. [REDACTED] needs manipulatives to help him. B. [REDACTED] is genuinely interested in Science & Soc. Studies. He actively participates in learning new things. B. [REDACTED] should do very well this year both academically & socially.

2. STUDENT INSTRUCTIONAL PROFILE

Describe: (a) student's approach to learning; and (b) instructional approaches and/or modifications in the classroom and other settings that will facilitate successful accommodation and education for the student, including teaching approach, curriculum methods, equipment, assistive technology, staff, facilities, grading, testing, etc.

B. [REDACTED] enjoys learning. He is proud of his ability to retrieve material from memory. He has good listening skills and pays attention well. Unfortunately, this is very sporadic and he is just as likely not to remember something he has just learned. Constant repetition, adult interaction and a multitude of hands-on materials have helped. B. [REDACTED] does well in a small, adult-centered group that moves very slowly and routinely. B. [REDACTED] has a difficult time with his peers due to a host of irritating, annoying and provocative behaviors such as tattling, calling out, loudly noises, giggling at inappropriate times and threatening behavior. Often times in large groups B. [REDACTED] becomes easily confused and unfocused, not knowing what direction to focus on. He needs to be redirected to the task on hand. B. [REDACTED] does well in a highly structured routinized class. He needs the constant reassurance that the adults in his life are in charge and will take care of him if he has any problems.

☐ Check box if information is continued on another page

Student Name: B [redacted]

Date of Birth: [redacted] 85

IEP Period: 11/95-11/96

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 7 continued

Objectives and Evaluation Procedure and Schedule

1. Objective: B [redacted] will leave and enter the classroom in an appropriate manner from time-out 90% of the time

Evaluation Procedure: same

Evaluation Schedule: same

2. Objective: B [redacted] will work on study and homework skills

same

same

Evaluation Procedure:

Evaluation Schedule:

3. Objective: B [redacted] will transition from the residence to the school and back appropriately with no problems

Evaluation Procedure:

Evaluation Schedule:

4. Objective:

Evaluation Procedure:

Evaluation Schedule:

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report.

6

4

**BOSTON PUBLIC SCHOOLS
ELEMENTARY LEVEL
1216 DORCHESTER AVE., DORCHESTER, MA. 02125**

MOVE IN LAW

Dr. Karen Randolph Date: October 7, 1994
Mansfield Administrator of Special Education
255 East St Public Schools
Mansfield Zip 02048

Student [REDACTED]
Address [REDACTED] #10
MANFIELD MA 02048

Telephone: unknown

School/Prototype ITALIAN HOME 502.6

Human Service Agency N/A

Date of Move "AUGUST, 1994"

Boston Educational Liaison Kathleen Monarty
Telephone: (617) 635 8725

Dear Administrator of Special Education,

We have been advised that the student listed above has moved from Boston to your community. Under section 143 of G.L.C. 71B, s5 Boston will continue to fund tuition at the private school this student currently attends. Boston will also fund transportation costs that were incurred from this student's former Boston address to the private school. This is budgeted at \$25.00 per day. Any excess transportation costs will have to be borne by your community. (weekends)
Please see attached 10/10/91 letter from Sandra Moody of D.O.E. All of this will end on July 1st when your community will be fully responsible for tuition and transportation. Please contact the education liaison for any further information. I hope this clarifies this mater. My telephone number is (617) 635-~~8600~~ 7800

Sincerely,

Paul V. Howe

Paul V. Howe
Program Advisor

PVH/tr

cc: Zone Liaison, Private School
Human Service Agency, Student File

Jean Grant, D.O.E.

7

Student Name: [REDACTED]

Date of Birth: [REDACTED]

85

IEP Period:

12/94-12/95

4. SPECIAL EDUCATION SERVICE DELIVERY

School District Cycle: ☒ 5 day cycle ☐ 6 day cycle ☐ 10 day cycle ☐ Other _____

A. Consultation (Indirect Services to School Personnel and Parents)

Type of Service	Focus on Goal #	Person(s) Responsible	Start Date	Freq/Duration per Day/Cycle	Total Time/ Cycle	Comments (if applicable)

B. Special Education and Related Services in Regular Education Classroom (Direct Services)

Type of Service	Focus on Goal #	Person(s) Responsible	Start Date	Freq/Duration per Day/Cycle	Total Time/ Cycle	Nature of Service (if Applicable)

C. Special Education and Related Services in Other Setting (Direct Services)

Type of Service	Focus on Goal #	Person(s) Responsible	Start Date	Freq/Duration per Day/Cycle	Total Time/ Cycle	Location
Social Emotion	1	IHC Clinicians/Staff	12/94	Ongoing	Ongoing	Italian Home
Academics	2-5	SPED Teacher	↓	4 hrs	5 days	↓
Humanities	7	Art-Music Teach	↓	75 min	1 day	↓
Phys. Ed.	6	Gym Teachers	↓	45 min	2 days	↓
Specialists/OT	8-9	Specialists	↓	1 hr	2 days	↓
Therapy	10	Clinicians	↓	1 hr	1 day	↓
Residential	11	Staff	↓	Ongoing	Ongoing	↓

Service Delivery Totals Per Cycle

Total consultation time (A)

Total service delivery time in regular education classroom (B)

Total service delivery time in other setting (C)

Time and Prototype Determinations

Total time in student's school cycle

Total time of special education/related services in regular education and other settings (B + C)

Total time in regular education without special education/related services (school cycle - (B + C))

Prototype: Total time outside regular education with special education/related services (C + school cycle)

117 SERVICE INPUT FORM

12/20/94

Kristine Blank

SUBMITTED BY

1 STUDENT ID 809677

STUDENT NAME

1 SCHOOL 0375

4 DATE OF BIRTH

185

5 MEETING NO.

6 MODIFICATION ACTION (H/C)

7 REFERENCE NO

L1

8 SERVICE TYPE

Presidential

(C13A)

9 METHOD OF DELIVERY

D (Direct)

GOAL IN

FOCUS ON OBJECTIVE NUMBERS

10

1. 1

11

OBJECTIVE NO FROM

TO

12

TYPE OF SETTING - CLASS

SMALL GROUP

INDIVIDUAL

2. 1

OBJECTIVE NO FROM

TO

REGULAR

SPECIAL

3. 1

OBJECTIVE NO FROM

TO

4. 1

OBJECTIVE NO FROM

TO

13 LOCATION CODE

015

(C133) (Outside)

14 SCHOOL

0375

(C16A) (IHC)

15 ROLE CODE

S1D

(C07A) (IHC)

SPED

16 SERVICE DATA

BEGINS 12/1/94

HRS PER DAY

1

NUMBER OF DAYS

1

PER

W

(W=WEEK, B=MONTH)

6 MODIFICATION ACTION

(H/C)

REFERENCE NO

1

SERVICE TYPE

1

(C13A)

METHOD OF DELIVERY

D (Direct)

GOAL IN

FOCUS ON OBJECTIVE NUMBERS

1. 1

OBJECTIVE NO FROM

TO

TYPE OF SETTING - CLASS

SMALL GROUP

INDIVIDUAL

2. 1

OBJECTIVE NO FROM

TO

REGULAR

SPECIAL

3. 1

OBJECTIVE NO FROM

TO

4. 1

OBJECTIVE NO FROM

TO

LOCATION CODE

015

(Outside)

SCHOOL

0375

(IHC)

ROLE CODE

S1D

SPED

(IHC)

SERVICE DATA

BEGINS 12/1/94

HRS PER DAY

1

NUMBER OF DAYS

1

PER

W

(W=WEEK, B=MONTH)

9



1125 Centre Street
Jamaica Plain, MA 02130-3495

(617) 524-3116 MAIN
(617) 522-2221 SCHOOL
(617) 983-5372 FAX

Every now and then...we have an opportunity to make a difference.

Italian Home for Children
INDIVIDUALIZED TREATMENT PLAN

Client: B [REDACTED]
Date: 11/6/96
Medicaid/Mass Health Number:
[REDACTED]
DSS Consumer Id#: N/A

DOB: [REDACTED] 85
DOA: 10/8/93
Period Plan Covers: 11/96-2/97
Therapist: Kevin Hall

CLINICAL

A. Individual Treatment

1. Current status of psychological functioning: E [REDACTED] has been involved in individual treatment with Mr. Hall for two months. E [REDACTED] continues to work at building a trusting relationship at this time. He comes to sessions willingly and is easily engaged. However his threshold for intense emotional work is limited.

In regard to goals from the last review period; E [REDACTED] has shown improvement. The incidents of public masturbation have decreased; since late September there has been one occurrence. These incidents appear, at this time to be connected to stressful events in E [REDACTED]'s life. At the time of this last incident E [REDACTED] had disclosed to this worker that he did not feel safe returning home because his mother would abuse him. Subsequent to this disclosure a 51-A was filed with the department of social services, and the case continues to be under investigation. E [REDACTED]'s incidents of angry out-burst have decreased as well. In times of turmoil and direct agitation from peers he is vulnerable to lashing out, resulting in restraint or containment. In regard to processing his history of sexual trauma, E [REDACTED] continues to have difficulty processing emotions. He has very little difficulty sharing details of what happened to him; however, he reaches a point where it becomes too stressful for him to continue. It is important to note that his description of the events is consistent with past evaluations and disclosures.

2. Treatment goals:

- 1) E [REDACTED] will continue to increase his ability to form a trusting relationship with Mr. Hall.
- 2) E [REDACTED] will continue to process his history of sexual abuse trauma at his pace.
- 3) E [REDACTED] will continue to process any inappropriate sexualized behavior in session.

3. Interventions:

Weekly therapy will continue for 45 minutes one day per week.

Helping children in crisis for over 75 years.

B. Family treatment

1. Current status of family functioning:

Currently B [REDACTED] maintains weekly supervised visits with his mother, S [REDACTED] and the visits last for approximately two hours. During the visits Ms. [REDACTED] is reported to be appropriate by not discussing the sexual abuse with B [REDACTED] they often talk about B [REDACTED] behavior during the past week or play board games.

In regard to family treatment, at this time Ms. [REDACTED] is involved in the intake process to have another sexual abuse evaluation completed. It is important that this evaluation be completed at this time so that a sound treatment plan for family therapy can be established. This recommendation is subsequent to the sexual abuse allegations against Ms. [REDACTED] being dismissed from court. It is the wish of the agency that this evaluation include a joint interview between B [REDACTED] and his mother.

2. Treatment goals:

- 1) Ms. [REDACTED] will complete the sexual abuse evaluation process.
- 2) Ms. [REDACTED] will continue supervised visitation with B [REDACTED] on a weekly basis.

3. Interventions:

Weekly supervised visits between B [REDACTED] and his mother will be supervised by Italian Home staff.

b) Visitation and phone contact:

Currently visitation with B [REDACTED]'s aunt has been postponed due to nonadherence to Italian Home policy and B [REDACTED]'s wish to not visit. At this time efforts have been made to educate B [REDACTED]'s aunt to policy. Visits are currently being held on grounds.

c) Family reunification work:

Family reunification work cannot begin until a sound family treatment plan is in place.

d) Dorm observation: N/A

C. Group Work

1. Current status of group work goals: B [REDACTED] currently attends community meeting in the dorm.

2. Treatment goals:

- 1) B [REDACTED] will continue to improve social skills and peer interactions in the group setting.

3. Interventions

B [REDACTED] will attend community meeting weekly for 90 minutes.

D. Psychological

B [redacted] was tested on October 16, 1995, at the Adult and Child Consultation Center. His verbal IQ score was 73; his performance IQ score was 48. He has a Full Scale score of 57. He has organic impairment, functioning within the mentally-retarded range intellectually. He has language disorder and perceptual dysfunction and is quite fragile and vulnerable emotionally.

II. SOCIAL AND BEHAVIORAL

A. Personal interactions (peer and adult)

1. Current status of behavioral functioning

B [redacted]'s interactions with his peers are on occasion inappropriate. At times, B [redacted] is quick to verbally attack a child without any remorse. On one occasion, B [redacted] physically attacked one of his dormmates for calling him by his first name. B [redacted] demonstrates an inability to distinguish appropriate and inappropriate boundaries which females. B [redacted] experiences a sense of confusion at times when addressed with boundary issues. B [redacted] tends to isolate himself from the Dukes Community by staying in his room quite frequently. B [redacted] has not been involved in any sex play incidents. B [redacted] has had one incident of masturbating in front of an adult since the last report.

2. Treatment goals:

1. B [redacted] will work to form positive, appropriate peer relationships.
2. B [redacted] will demonstrate a decrease in his sexual behaviors by verbalizing his sexual feelings to staff.
3. B [redacted] will demonstrate an ability to identify his feelings of anger by verbalizing these things with staff.

3. Intervention:

1. B [redacted] will work with Mr. Hall in individual therapy to verbalize his feelings.
2. Dorm staff will allow B [redacted] to remove himself from the group for short intervals of time.
3. B [redacted] will engage in weekly Community meetings to learn how to relate to his peers appropriately.

B. Behavioral self control

1. Current status of behavioral functioning:

B [redacted] continues to have difficulty controlling his behaviors, he struggles when he cannot verbalize his feelings, keeping them inside, thus leading to restraints. B [redacted] has required 5 restraints since the last report. Most of B [redacted]'s restraints occur succeeding a canceled visit by Ms. [redacted]. B [redacted] tends to become violent

during restraints. Once enraged B [redacted] verbalizes sexually aggressive language. B [redacted] tends to sneak food and other items in his room. He has a difficult time taking responsibility for these actions.

2. Treatment goals:

1. B [redacted] will verbalize his feelings of anger and disappointment while decreasing his number of restraints and containments.
2. B [redacted] will ask for what he needs from his dorm staff.
3. B [redacted] will decrease his angry outbursts.

3. Interventions:

1. B [redacted] will discuss in therapy with Mr. Hall his feelings of anger and disappointment.
2. B [redacted] will utilize his journal as a de-escalation tactic.
3. Dorm staff will check in with B [redacted] periodically about his feelings.

C. Life skills and self care:

1. Current status of behavioral functioning:

B [redacted]'s life skills and ability to care for himself continue to be limited. B [redacted] needs assistance from dorm staff to insure his daily hygiene is addressed. B [redacted] encounters nocturnal enuresis and continues to neglect his hygiene during the night. In one incident, B [redacted] went into the kitchen and urinated onto the floor. B [redacted] requires reminders to wear underwear and perform basic grooming skills (using deodorant, proper clothing, and brushing his teeth).

B [redacted] has been involved in a community based soccer program. Although he has few skills at the game, he appears to be invested.

2. Treatment goals:

1. B [redacted] will demonstrate a decrease in his dependence on the IHC.
2. B [redacted] will continue to practice pride in his appearance.

3. Interventions:

1. B [redacted] will attend a community group weekly for 90 minute sessions to improve his life skills.
2. B [redacted] will remain on a "soap up" program where he will have constant support. B [redacted] will maintain a connection with the outside world by engaging in outdoor activities.



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PROGRESS REVIEW

NAME: E [REDACTED]

D.O.B.: [REDACTED] 85

REVIEW DATE: 2/27/96

D.O.A.: 10/8/93

PRESENT: S [REDACTED] - Mother
Alison Dooley - D.S.S.
Italian Home Treatment Team

Since the last meeting (Clinical Conference - 11/21/95) there have been some significant changes in the provision of services to B [REDACTED] and his family in the residence. At the end of December, B [REDACTED] moved to another dormitory, a unit for older boys. In January, individual and family therapy responsibilities were transferred from Carolyn Jones-Peart to Aaron Sanders, as a result of B [REDACTED]'s move to the new unit.

FAMILY INVOLVEMENT:

B [REDACTED] contacts with his mother continued on a weekly, supervised basis during this reporting period. B [REDACTED]'s mother did not have visits with him on Thanksgiving Day and Christmas Day in the residence because she had other commitments. She did visit him on Christmas Eve. B [REDACTED] spent several hours off grounds with his maternal aunts on both Thanksgiving Day and Christmas Day, and reportedly did well behaviorally. B [REDACTED]'s supervised visits with his mother and baby brother go well, although he continues to experience anxiety before each visit, in anticipation of a cancellation or change in the visiting time. B [REDACTED] also continues to struggle with ambivalent feelings for his brother, but interacts appropriately during the visits.

INDIVIDUAL THERAPY:

Carolyn Jones-Peart continued to see B [REDACTED] in individual therapy sessions until late January. Before and after the holidays, B [REDACTED] expressed anger and feelings of rejection because of his mother's other commitments on those dates. He also continued to display signs of Post Traumatic Stress Disorder in the repetitive nature of his play where he re-enacted sexual encounters between a mother and child. The last three weeks of B [REDACTED]'s sessions with Carolyn focused on his reaction to the change in therapist and his move to the new unit. B [REDACTED] was able to express some feelings of sadness and rejection (paralleling his reaction to his perception of his mother's unavailability) over the change in therapist, although he also looked forward to having a male therapist for the first time since his admission to the residence.

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B [REDACTED] also experienced a behavioral regression during this period, as he struggled with fears and anxiety about the move to another dormitory. Aaron Sanders began individual therapy sessions with B [REDACTED] at the end of January. The focus of their contacts thus far has been on establishing a therapeutic relationship and helping B [REDACTED] with the transition to the new dormitory.

SCHOOL PROGRESS:

In school B [REDACTED] is making very slow progress, as he performs at about a third grade level in Reading and a second grade level in Math. Both cognitive limitations and emotional issues significantly affect his performance. B [REDACTED] experienced some behavioral regression over the last month, coinciding with the recent changes. He also continues to experience anxiety around scheduled visits. His peer interactions are variable, and at times he is more responsive to limits set by his male teacher than those set by his female teacher. B [REDACTED] has exhibited no sexualized behavior in the classroom, although he was a little over-stimulated during the sex ed part of the curriculum.

MILIEU PROGRESS:

B [REDACTED] moved from the Tigers Dormitory to the older boys' Dukes Dormitory after Christmas. He was very quiet during the first few weeks in the new unit, but has since exhibited some significant regressed behaviors. It was discovered that shortly after the move, B [REDACTED] was throwing feces and his underwear out of the bathroom window. He also became very defiant and sexualized in interactions with female staff, although he is generally responsive to limits set by male caretakers. He also experiences difficulties through the middle of the night/early morning when he is not responsive to limits set by night workers. B [REDACTED] also has poor boundaries and needs constant reminders about giving people adequate space. B [REDACTED] associates some of his difficulties with anxiety about visits, and/or sad feelings when he misses his mom and can't reach her by phone. Staff have also noted that he appears more needy and/or exhibits sexualized behavior (toward female staff) after visits with his mother.

MEDICAL EVENTS:

B [REDACTED] has been in good physical health during this reporting period, although he still needs encouragement to stick to his diet and get more exercise. B [REDACTED]'s mother requested that he have updated hearing and eye exams.

COLLATERAL SERVICES:

Alison Dooley, the D.S.S. representative, reported that D.S.S. has gone into court (2/21/96) to pursue custody of B [REDACTED] and his brother, given the on-going protective concerns resulting from B [REDACTED]'s disclosure of sexual abuse by his mother.

Although a recommendation had been made for helping professionals (D.S.S. and Italian Home) to meet with Ms. [REDACTED] and her therapist regarding treatment issues, it was learned that

Ms. [REDACTED]'s case was closed at Versa-Care, since she has not been in treatment since last summer. Ms. Dooley reported that she will make a referral for another therapist for Ms. [REDACTED] at that agency, and will request that the focus of treatment revolve around sexual abuse.

B [REDACTED] was recently matched with a Big Brother, S [REDACTED], through the Big Brother Association. He met him last week and will have weekly on-grounds visits with him for the present time.

RECOMMENDATIONS:

1. D.S.S. will make a referral for a new therapist for S [REDACTED] at Versa Care.
2. Milieu staff will continue to encourage B [REDACTED] extracurricular physical activities.
3. Milieu staff will continue to monitor B [REDACTED]'s weight and encourage him to stay on his diet.
- 4 a. Aaron Sanders will arrange for Ms. [REDACTED] to meet B [REDACTED]'s Big Brother.
b. B [REDACTED]'s contacts with his Big Brother will increase to off-grounds visits, when appropriate.
5. B [REDACTED] will be scheduled for hearing and eye tests.
6. Consider (at mom's request) an off-grounds visit for B [REDACTED] with his aunts on Easter.
7. Clinical Conference will be scheduled for May 16 at 11 a.m.

Submitted

by:

Carolyn Jones-Pearl
Carolyn Jones-Pearl, L.I.C.S.W.

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NEUROPSYCHOLOGICAL, COGNITIVE, PROJECTIVE/PERSONALITY ASSESSMENT

Subject Name: B [REDACTED]
D.O.B.: [REDACTED] 85
Age: 8 years, 11 months
Examiner: Stephen C. B. Berry, Psy.D.
Dates of Examination: July 7, 1994

Tests administered:

- Weschler Intelligence Scale for Children - III
- Beery VMI - Developmental Test of Visual-Motor Integration
- Children's Category Test, Level I
- Reitan-Indiana Aphasia Screening Test
- Tactual Performance Test
- Tactile Form Recognition Test
- Finger Recognition Test
- Lateral Dominance Examination, including Tapping Test and Grip Strength
- Bilateral Tactile Stimulation
- Bilateral Auditory Stimulation
- Bilateral Visual Stimulation
- Fingertip Number Writing
- Matching Figures
- Matching V's
- Star/Concentric Square Drawing
- Target Test
- Color Forms
- Progressive Figures
- Matching Pictures
- Thematic Apperception Test (T.A.T)
- Human Figure Drawing Test
- Rorschach Inkblot Test
- Rotter Sentence Completion Test
- Three Wishes

Reason For Referral: B [REDACTED] was referred for the present psychological assessment by Carolyn Jones-Peart, LICSW, from the Italian Home for Children, Jamaica Plain, MA. The stated goal of the present evaluation was to provide updated levels of functioning for this child in the following areas: cognition, emotional /personality and neuropsychological.

The neuropsychological evaluation was requested in order to determine whether B [REDACTED]'s problematic behaviors are associated with brain-based dysfunction. It should be noted that as early as June 1991, a neuropsychological evaluation was recommended for this child by a neurologist within the Neurological Department of McLean Hospital. B [REDACTED] was admitted to the Italian Home in Jamaica Plain on 10/8/93. Reports and information provided by Carolyn Jones indicated that B [REDACTED] did not receive a neuropsychological evaluation prior to his present admission. Details regarding B [REDACTED]'s prior evaluations will be addressed in the following sections of the present report.

Background Information/Brief History: Eight year, 11 month old B [REDACTED]'s history is well known and documented by the staff of his current placement home facility, the Italian Home for children rather than recite what is already known by the referral source, a very brief history containing data specifics and necessary to augment the present evaluation will be presented here.

B [REDACTED] has been hospitalized on three separate occasions due to aggressive and dangerous behaviors, i.e., fire setting, self abusive and assaultive behaviors, etc. (his first hospitalization was in June 1991) and his most recent hospitalization (McLean Hospital on 9/22/91) following a fire setting incident at home.

B [REDACTED] attended the Compass School in September of 1991 for approximately one month at which time he was admitted for his session at McLean hospital. In April of 1992, he was admitted to the May center for child development and then was removed in August of 1993 when his mother withdrew him from the program due to his disclosure of sexual abuse by a staff member. The allegation was found to be unsupported following a DSS evaluation.

B [REDACTED] remains in his mother's care from August 1993 until his admission to the Italian Home in October of 1993. According to the treatment plan provided by the Italian home, B [REDACTED]'s mother reported that while under her care, B [REDACTED] had set another fire and continued to be unresponsive to her limits.

Following his various hospitalizations, B [REDACTED] has in the past received the following diagnosis:

Oppositional Defiant Disorder
Pervasive Developmental Disorder
Seizure Disorder

B [REDACTED] has also received a neurological evaluations at the Children's Hospital in Boston on 11/1/93 and from McLean Hospital in Belmont on 6/27/91. Significant findings from the Children's Hospital neurological evaluation include: "Inconsistencies bilaterally to double simultaneous stimulation", and the stated

observation that B. "certainly demonstrated on hyperactivity of increased movement in the office today, and at least by report, some of his problems seem behavioral or emotional in etiology rather than purely neurologic."

The neurological consultation provided by McLean Hospital suggested that B. "showed significant motor planning problems" and "he had difficulty carrying out fine motor tasks once he understood them." Dr. Eileen Ouellette, MD concluded her report with the following: "My impression is that he has an Attention Deficit Hyperactivity Disorder. A co-existing learning disability should not be ruled out. He has quite poor fine and gross motor skills." Dr. Ouellette went on to recommend that B. have neuropsychological and educational testing as well as an occupational evaluation and a core evaluation. Dr. Ouellette also indicated that Ritalin should also be considered for B.

B.'s medication history includes the following according to the Italian Home report: Imipramine, which caused dry mouth and eyes rolling backward; Benadryl, which was used ineffectively to settle him down; Clonidine and Disipramine; Haldol; Lithium for two days, after which he developed staring spells; Tegretol. He is presently being maintained on 400mg of Tegretol, twice a day, which was until recently monitored by Dr. Rooney, a neurologist in Quincy, Massachusetts. Dr. Rooney reported "seizure activity in April 1993 while he was in the May Center."

The Italian home report also stated that B. has a medical history of chronic ear infections, tubes inserted in both ears, a tonsillectomy, and an adenoidectomy at age 3, and a slightly elevated cholesterol level. According to this report, B.'s mother has indicated that developmental milestones were normal except for speech delays. B. also has ongoing difficulties with enuresis and occasional encopresis.

B. is the only living child born to S. Ms. S.'s first child, according to the Italian Home report, died from sudden infant death syndrome at age 1 and 1/2. The death of this daughter occurred approximately 10 years ago. B.'s father, C., separated from S. shortly before B.'s birth then later divorced. According to the Italian Home reports, Mr. C. has a history of cocaine abuse. He presently works as an entertainment attorney in California. He reportedly tried to kidnap B. three times when B. was between the ages of two and five. He has never been B.'s caretaker but did maintain infrequent phone contact with him. S. "reported some alcohol and cocaine use in the first trimester of her pregnancy with B. She carried him full term, but experienced a difficult labor which had to be induced."

Carolyn Jones Peart, LICSW, B's therapist at the Italian home, reported to the present examiner that in recent months, it has come to light that B has been sexually abused by his mother since his infancy. Carolyn Jones reported that although B's behavior at the Italian home was initially quite problematic, (i.e., including tantruming, sexualized behavior, and aggressive behavior, his behavior has improved in recent months, Ms. [redacted] has reported that he frequently has sudden sleeping spells. However she stated that his behavior has become much less oppositional in the past month or two.

Behavioral Observations:

Testing took place on two dates: July 7, 1994 and July 22, 1994. Throughout the first six hour evaluation period, [redacted] presented as a rather somber, self-contained, and polite eight year, eleven month old boy. He appeared to be initially anxious during the first ten minutes of testing, but quickly became compliant and seemed to be generally comfortable with the examiner and the evaluation process.

While B's compliance remained consistent throughout testing, he did appear to become fatigued on and off for the duration of the evaluation. At times of apparent fatigue B would state "I think I have to go to a dentist appointment." Even though it was determined that such an appointment was not, in fact, scheduled, B persisted at various times in his insistence that he was missing an appointment with his dentist. It is of interest to note that B demonstrated little in the way of outward signs of anxiety during the testing period except for these occasional statements of missing an appointment with his dentist. The timing of his reports of needing to attend a dental appointment did not appear to coincide with any particular evaluation task but rather seemed more tied to his overall level of energy and attentional regulation abilities.

Testing began at approximately 9:00 a.m. and a lunch break occurred from noon to 1:00 p.m. Within one half hour after resuming testing B seemed to fall asleep, suddenly and without verbal announcement of a need for rest. A mild-to-moderate effort on the part of the examiner was required to arouse B from this "sleep". Testing was briefly stopped and the examiner offered B a bottle of juice along with a request that he do his best to remain alert and attentive to testing. Following this five minute break from testing, B was able to remain on task and without further "sleep" episodes for the duration of the first test session. On the second testing session, a similar sleep episode occurred.

Given B's reported history of oppositional and aggressive behavior, it would seem important to note that at no time

throughout eight hours of demanding evaluation task, did B [REDACTED] behave in an aggressive or threatening manner. Further the only behaviors observed that could be classified as oppositional were his approximately six to eight statements that he feared he was missing an appointment with a dentist that he believed should have occurred during the same time as this evaluation. It is possible that his "sleep" episodes were a demonstration of passive resistance to continuing testing. However, these episodes were easily handled by a brief break and redirection.

TEST RESULTS

Cognitive Test Results:

B [REDACTED]'s performance on the present administration of the WISC III produced a verbal IQ score of 60 placing him at the .04 percentile rating and at the intellectually deficient range of functioning. At the .95 level of confidence, his true IQ score could fall between 56 and 58. B [REDACTED]'s performance IQ score was 48, placing him in the less than .01 percentile ranking and in the intellectually deficient range of functioning. At the .09 level of confidence, his true level could fall between 45 and 61. B [REDACTED]'s full score IQ was 50 placing him in the less than .01 percentile rank and in the intellectually deficient range of functioning. His true level IQ score at the .95 level of confidence could fall between 46 and 58. Although B [REDACTED]'s verbal IQ score of 60 is relatively higher than his performance IQ score, it is not of sufficient magnitude to suggest a significant difference. Additionally, while it is important to note that Brandon's verbal performance suggests a relatively high level of functioning, both of these scores fall well within the mentally deficient range of functioning.

B [REDACTED]'s scores on the three WISC sub tests administered were as follows:

VIQ

Information	4
Similarities	3
Arithmetic	1
Vocabulary	5
Comprehension	2
Digit Span	(4)

PIQ

Picture Completion	1
Coding	3
Picture Arrangement	1
Block Design	1
Object Assembly	1
(Symbol Search)	(4)
Mazes (not administered)	

Given that B [REDACTED]'s overall performance on the present administration of the WISC III fell within the intellectually deficient range of functioning, interpretation of the meaning of these results will best be served by examining the relative strengths and weaknesses. B [REDACTED]'s scores clearly suggest that his overall verbal functioning abilities are relatively higher than

his perceptual motor abilities. In fact, B [REDACTED]'s highest sub-test score, a 5, was obtained on the vocabulary subtest. Additionally, his second highest sub test score (of those which are used to calculate IQ scores) was obtained on the Information subtest. His score of 4 on this sub-test and his score of 5 on the Vocabulary subtest suggests that B [REDACTED] has been able to retain and utilize some academically-obtained instruction. However it is also clear that B [REDACTED] functions cognitively at a very concrete level of understanding. For example, B [REDACTED]'s response to the first item on the Vocabulary sub-test which asks him to describe a clock was: "tick tock, tick tock". With prompting, B [REDACTED] indicated that "the hands go all the way around to twelve o'clock". With a further prompt he indicated that the function of a clock is to "tell time." Many of B [REDACTED]'s responses were of this quality and when the examiner tested the limits, (i.e., deviated from standard administration procedure to determine the subjects highest level of functioning) it was determined that B [REDACTED] could with additional structure and encouragement provide some additional correct responses.

[REDACTED]'s overall Performance IQ sub-test indicated that he has significantly limited perceptual processing skills. For example, on the Block Design sub-test, a test requiring him to use red and white blocks to copy a series of geometric designs, B [REDACTED] was able only to correctly copy the first and simplest of designs and only after the administration of the second trial. On the third item of the Block Design sub-test, B [REDACTED]'s attempts to copy a simple checkerboard pattern using four blocks resulted in his placing the blocks in a linear configuration. Such a response is frequently indicative of significant brain disfunction.

Overall, B [REDACTED]'s visual perception and visual~~ly~~^{ly} spatial problem solving abilities appeared to be quite compromised. A further example of B [REDACTED]'s visual-spatial problem solving abilities were on the Object Assembly sub-test. This sub-test requires subjects to arrange pieces of a puzzle into an appropriate order so that a recognizable object is formed. B [REDACTED] was able only to correctly join two pieces of one of the five puzzles presented to him. Such a minimal level of performance is quite unusual for a child of B [REDACTED]'s age. Also, it would be important to note Brandon's apparent inability to determine whether his performance was adequate. This apparent inability to adequately self-monitor his performance was observed throughout testing in both the verbally-oriented as well as the perceptual-oriented items.

Overall, B [REDACTED]'s performance on the present administration of the WISC III indicated that he is quite compromised in his cognitive functioning abilities. Additionally, it is of concern to note that when compared with the results of B [REDACTED]'s psychological test results administered to him at age five years, ten months, there is an indication that he is falling further behind in cognitive

development as he ages. His earlier test scores on the Weschler Primary and Pre-School Scale of Intelligence Revised (WPPSI-R) indicated a performance IQ in the mentally deficient range while the verbal IQ score was in the borderline range. Comparison of the present evaluation with the former indicates that B's verbal functioning abilities are not keeping pace with age expected levels, nor are these abilities keeping pace with his own previous level of functioning.

Emotional/Personality Testing:

Findings from the present administration of personality/ projective tests are consistent with current cognitive test results. B's emotional world is strongly influenced by his tendency to be primarily concrete in his thought processes. For example, a valid interpretation of the present administration of the Rorschach Ink Blot test was not possible due to B's low number of responses as well as the poverty of content of the majority of his responses to this task. The manner in which B was able to respond to the Rorschach test is consistent with that of children who score in the mentally deficient range on the standardized cognitive test. A valid response profile on the Rorschach Ink Blot test requires a subject to cognitively organize essential meaningless visual stimuli in order to form apparent structured responses. Such a task requires normal cognitive development, including the controlled use of imagination and the ability to modulate affective stimulation.

B's responses to the Rorschach Ink Blot test were typically underdeveloped, concrete in thought process, and poorly articulated. For example, his response to one of the Rorschach cards was: "Black ink". When asked for further clarification Brandon stated only that "probably came from a pen". Such a poorly articulated responses are highly unusual for a child Brandon's age.

Affectively, B appears to be a very sad child and the present examiner speculates that it is likely that this child is clinically depressed. Interview and test data suggests that B has low self-esteem and feelings of hopelessness, and appeared to be easily fatigued.

It was very clear that B has been actively grieving the loss of his maternal grandmother. This grandmother, according to Carolyn Jones, died less than one month prior to the date of testing. There were numerous indications throughout testing which indicated that B has been experiencing a high degree of loss and sadness in regards to his deceased grandmother as well as his removal from his mother's custody and/or daily presence in his life.

B [REDACTED] was asked what three wishes he would like to have granted were anything possible. His responses to this standard interview question for children defined in a concise manner the present focus of this child's emotional life. His three wishes were:

- 1) "A magic lamp so I could make wishes for people in my family."
 - 2) "To be with my mom." 3) "I wish my grandmother feels better."
- (E: What is wrong with your grandmother?) "She died."

Overall, B [REDACTED] appears to be a child who is emotionally quite fragile and in need of high levels of structure, security, and emotional support. In addition to the sadness he expressed over the loss of his mother, via custody, and his grandmother, through death, B [REDACTED] also expressed a significant degree of disdain for himself. [REDACTED] One clear example of his level of self-esteem was produced on a sentence completion task. B [REDACTED] completed the sentence beginning with: I hate... with the word "myself".

Overall, the present projective testing for Brandon Green suggested that he is a child feeling overwhelmed with sadness, probable depression, and self-blame. Additionally, cognitive as well as projective testing suggested that B [REDACTED]'s available cognitive resources are presently insufficient to adequately address his emotional needs. It is likely that he is easily overwhelmed when confronted with even moderate levels of affective stimulation. As a result it is likely he would respond with basic fight or flight responses. That is, when emotionally overcharged B [REDACTED] is likely to strike out toward others (possibly toward himself), or to withdraw from others and the situation at hand.

Neuropsychological Test Results:

The Halstead-Reitan neuropsychological battery for young children was administered to B [REDACTED]. This assessment protocol consists of a series of tests used to evaluate brain-behavior relationships. The following provides descriptions of each test as well as B [REDACTED]'s levels of performance. The core Halstead-Reitan battery has been supplemented where necessary to provide as complete a diagnostic picture as possible.

The lateral dominance examination was administered to Brandon. This examination is a series of tests designed to evaluate left-right orientation both personally and extra-personally; hand, foot, and eye preference on a variety of praxis and ideokinetic task (e.g. show me how you throw a ball, look through a telescope, kick a football) speed and accuracy of name writing with the preferred hand and the non-preferred hand; strength of grip of both the preferred and non-preferred hand as measured by the dynamometer; the finger tapping test which measures the bilateral fine motor speed, fine motor control and the ability to perform in a motor task at a rapid rate; and a variety of timed motor tasks.

There was evidence of extra-personal left-right disorientation. Over fifty per cent of B [REDACTED]'s responses were incorrect on the items addressing extra-personal left-right disorientation. [REDACTED] approached these tasks quite slowly and frequently hesitated for several seconds before supplying a response. Additionally, B [REDACTED] was not altogether consistently left sided with respect to hand, foot and eye preference on praxis and ideokinetic tasks. He was predominantly left-handed with one right-handed exception in a series of seven items addressing handedness. He preferred his right over his left eye on a task addressing visual dominance.

On the test of name writing, which is assessed with respect to speed and accuracy B [REDACTED] scored in the impaired range with both his preferred left hand and non-preferred right hand. In fact B [REDACTED]'s score on the name writing task was in the significantly impaired range.

On the test of hand-grip strength, (the dynamometer), B [REDACTED] scored in the normal range bilaterally. On the finger tapping test B [REDACTED] scored in the normal range for both hands as well. Although results of hand-grip strength and finger tapping were in the normal range, it should be noted that there was virtually no difference in the level of performance regarding right or left sides. One expects at least a mild difference in test results. Specifically, the dominant hand tends to be capable of greater strength and speed on these tasks. Test results obtained for B [REDACTED] showed no such difference between the right and left hand on these tasks.

The marching test was also administered to B [REDACTED]. The marching test is used to evaluate coordination of gross skeletal muscular functions. The tests consist of one practice page and five legal size pages for the test itself. On each page there is a series of circles on the left side and another set on the right. The circles are connected by a line indicating the progression from one circle to the next. The child's task is to use his/her fingers to march from the circle nearest him to the circle at the top of the page. Crayons are used so that the movements made by the subject are clearly recorded. The time required to accomplish the coordinated movements is measured and recorded. B [REDACTED]'s performance on the marching test for the dominant (left-hand) was in the normal range. However, his performance on the non-dominant (right-hand) was in the severely impaired range. This result suggests that Brandon's gross skeletal muscular function in his non-dominant (right hand) is significantly impaired in regards to both speed and accuracy.

The tactual performance test was also administered to B [REDACTED]. This test required B [REDACTED], while blindfolded, to feel the shape of wooden blocks and place them correctly in a form board containing similarly shaped holes. This test requires the correct use of somato-sensory cues (both kinesthetic and proprioceptive) without

access to visual feedback. It also requires the capacity to formulate and execute logical and effective planning with the problem solving with three dimensional materials, the capacity for the new learning of specific shapes and their precise location on the form board (without visual feedback), as well as the capacity to persist and sustain attention of three separate trails of placing the blocks in the appropriate positions (using the preferred hand, the non-preferred hand and then both hands together). Upon the completion of the third trial, the blindfold was removed and B was asked to draw on a blank piece of paper the outline of the form board and the outline of the shapes of the blocks in their correct positions on the form board. This final aspect of the tactual performance test was indicated to be within the normal range of functioning, however, it is possible that these results are not entirely valid because it was difficult to B to remain blindfolded throughout this procedure. At times he appeared to be peeking through the bottom of the mask and attempted to remove the mask. As a result, his performance on this procedure was likely invalidated. What is important to note during this performance is that his first attempt to place the blocks in their proper forms, the mask was left intact. Utilizing his dominant hand, it took B over ten minutes to correctly place all blocks in their proper location. On the following two attempts to place the blocks, during which B appeared to invalidate the test, B completed the task with his non-preferred and with both hands in well under 30 seconds respectively. These results suggest to this evaluator that had B left the mask in place it is likely that his performance on this task would be in the severely impaired range. This child became quite frustrated during this task as a result of visual inhibition and his apparent level of difficulty of relying solely on tactile stimulation to complete this task.

In addition, B was able to correctly draw on paper only one of these shapes of the blocks following the administration of the tactual performance test. He was unable to correctly locate the shape with respect to its location on the form board. These results suggest that B's capacity for incidental learning and short term memory are in the sub-average range.

B's TPT performance was notable for his high level of frustration, his negative reaction to being deprived of visual stimuli, and his inefficient strategy for problem solving. His approach to this task appeared to be based primarily on impulsive attempts to randomly locate blocks into their appropriate form board location. These results suggest wide-spread cortical integration and efficiency problems as opposed to localization problems (i.e., parietal lobe inefficiency).

A series of perceptual and sensory tests were administered to B. This phase of testing is referred to the sensory

examination. B [REDACTED]'s ability to perceive both unilateral stimulation and bilateral simultaneous stimulation in the tactile visual and auditory modalities was examined. In addition, a set of test measuring more complex tactile functions was administered. These tests included a test of tactile recognition (finger agnosia test) in which B [REDACTED] was asked to identify without visual examination the individual fingers touched by the examiner on each hand. On the fingertip number writing test, B [REDACTED] was asked to identify x's and o's written with a stylus on his fingertips while his eyes were closed. The x's and o's were used in B [REDACTED]'s case because previous findings suggested that his ability to discriminate more complex figures, (i.e., numbers - 1,2,3..), would be significantly compromised.

Results of the perceptual and sensory exam were predominantly in the impaired range of functioning. In the tactile modality Brandon scored in the severely impaired range for recognition and suppression of simultaneous stimulation to the left and right side of his body. It should be noted that errors made during simultaneous stimulation were consistently errors of neglect to stimulation of the face, either right or left side.

On the finger agnosia test, B [REDACTED] scored in the severely impaired range for finger localization. Interestingly, the predominance of errors were made on his left, preferred, hand.

On the fingertip number writing test, B [REDACTED] scored in the moderately impaired range.

Results of the perceptual and sensory exam in the visual and auditory modalities were without significant errors. The purpose of this examination is to test tactile form discrimination ability in each of the subjects hands. This procedure requires the child to identify and differentiate the shapes of four plastic geometric forms (square, circle, triangle). In this test, the subject places a form in one of the subjects hands and the child is asked to identify the shape by pointing to the corresponding figure displayed on a plaque. B [REDACTED]'s performance on the Tactile Form Recognition task was in the normal range for both hands. It is interesting to note that the difference between the tactile form recognition test and the tactile performance test includes the fact that the former test allows the subject to visually examine a facsimile of the shape he is being asked to identify via tactile stimulation. In the TPT the blindfold does not allow the subject to achieve visual recognition of the shapes being examined.

When all of the sensory-perceptual functions tests are examined as a whole, the overwhelming indication is that B [REDACTED] has significant deficits in his tactile perceptual abilities. Without the aid of visual and/or auditory stimulation B [REDACTED]'s ability to effectively process tactile stimuli is severely impaired. However,

when tactile stimulation can be augmented with visual or auditory stimulation, his ability to process these perceptual stimuli is somewhat improved. A series of tests addressing the functioning of B [REDACTED]'s visual spatial skills were also administered. These included the following: Matching figures, matching v's, star drawings, concentric squares, and target test.

The Matching Figures test required the child to carefully observe the stimulus figures which are similar but increase in complexity and then arrange the figures in order according to their complexity. B [REDACTED]'s performance on the matching figures test was in the severely impaired range of functioning.

The Matching V's test was administered to B [REDACTED]. This test requires the subject to arrange a series of v's in sequence according to the width of the angle of the figure. The child is asked to proceed from the smallest to the largest angle. This task is somewhat more difficult than the matching figures test because the child was presented with less cues for each figure. B [REDACTED]'s performance on the matching V's test was in the severely impaired range of functioning.

The results of the Matching Figures test and the Matching V's test suggests that B [REDACTED] has severely impaired visual perceptual and/or visual processing abilities.

The Star Drawing and the concentric squares drawing test were administered to B [REDACTED]. These test are administered to obtain information regarding the efficacy of the child's motor skills when dealing with spatial configurations. These tests are essentially self-explanatory, in that in each case the child is provided with a two dimensional stimulus and is asked to use pencil and paper to reproduce either the figure of a star or a figure containing three concentric squares. On each of these tasks, B [REDACTED]'s scores were in the significantly impaired range of functioning. Not only was B [REDACTED]'s performance comparatively slow when compared to a normal sample, the accuracy of his drawings were impaired to the degree that the shapes were not recognizable when compared to the stimulus provided.

The Target Test was also administered to B [REDACTED]. This test consists of a large target board composed of nine dots arranged in the form of a square. The stimulus board and an answer sheet containing 20 duplications of the stimulus board is placed in front of this child. The examiner taps out a design on the stimulus board and after a 3 second waiting period, the subject attempts to draw the design on the answer sheet. Essentially this test is a variation of a connect-the-dot drawing known to most North American children. B [REDACTED]'s performance on the Target Test was also in the severely impaired range of functioning.

Overall, B [REDACTED]'s performance on the visual spatial skills section of the present evaluation was in the severely impaired range of functioning. These results indicate that B [REDACTED]'s ability to effectively and accurately receive and process visual-spatial stimuli is significantly compromised. Consequently, his ability to effectively respond to such stimuli is likewise compromised at a significant level.

A number of tests were administered to B [REDACTED] in order to evaluate his abstraction reasoning logical analysis and integration skills. These tests include the category test, the color form test, the progressive figures test, and the matching pictures test.

The Category Test is a complex test of new problem solving, judgement, abstract reasoning, concept formation, mental flexibility and efficiency. The Category Test examines the ability to maintain attention, capacity for making use of negative and positive verbal feedback and learning new concepts, capacity to remember previously made responses, as well as the capacity to flexibly develop and test new hypothesis in a problem solving situation. This test requires a number of higher order functions such as the ability to note similarities or differences among the stimuli and to formulate hypothesis regarding the conceptual principles that determine correct answers. B [REDACTED]'s score on the Category Test was in the moderately impaired range. There is a strong correlation between the Category Test and the Full Scale IQ. Given that B [REDACTED]'s full scale IQ was obtained during the present evaluation was 50, his performance on this presentation of the Category Test tends to confirm that B [REDACTED]'s overall cognitive integration abilities are impaired. During the Category Test, B [REDACTED] demonstrated ineffective problem solving strategies and minimal use of trial and error attempts to problem-solve. When he was unable to easily and effectively alter his strategy in order to obtain a correct response, B [REDACTED] tended to simply guess at the correct answer. However, it was encouraging that in the early stages of the test, (a point at which item difficulty is rather low), B [REDACTED] was able to formulate a number of correct responses, thereby suggesting at least minimal abstract reasoning abilities and concept formation skills. The implication of the results on this particular test is that B [REDACTED] is likely to flounder when confronted with tasks that require autonomous problem-solving skills, especially when the tasks require higher-order/abstract thought processes.

The Color Forms test and the Progressive Figures tests were administered to B [REDACTED]. Both of these tests were developed as analogues of the Trail-Making test which is used for adults and older children. Both of these tests require the subject to observe the stimulus material and alternate between relevant aspects of the configuration in completing a sequence of moves. The Color Forms test displays a series of geometric shapes that have different

colors. The subject is required to move from the starting point to a figure having the same shape to a figure having the same color and then to a figure having the same shape and so on until reaching the end. B [REDACTED]'s performance on the Color Forms test was in the moderately impaired range of functioning. The progressive figures test includes a number of configurations on a page with a small figure enclosed by a larger figure in each instance. Subject is required to use the small figure as a clue to move to a large figure having the same shape as the small figure. Upon reaching that large figure, the small figure included within provides the clue for moves to the next large figure. The test proceeds in that manner until the end is reached. B [REDACTED]'s performance on the progressive figures test was in the normal range.

The Matching Pictures test was administered to B [REDACTED]. This test requires the subject to identify and demonstrate associations between pictures of actual objects. B [REDACTED]'s performance on the matching pictures test was well within the normal range.

Overall, B [REDACTED]'s performance on task requiring abstraction, reasoning, logical analysis and integration ranged from moderately impaired to perfectly normal. B [REDACTED]'s performance in these areas represented a relative strength when compared to his motor functions performance and sensory-perceptual functions performance. In general, his abstract reasoning and logical analysis skills are intact at a rudimentary level. However, when compared to peers, B [REDACTED]'s performance in these areas tends to be subaverage.

The Aphasia screening examination was also administered to B [REDACTED]. This test made a preliminary assessment of B [REDACTED]'s abilities in the areas of naming, spelling, reading, clear pronunciation, the comprehension of oral language, simple written mental arithmetical problems and constructional abilities, (copying simple, two dimensional shapes). B [REDACTED]'s performance on the Aphasia screening examination was in the impaired range of functioning in the area of motor skills; specifically, his ability to adequately write his name and to copy three geometric designs. He was evaluated to be in the impaired range, however it is encouraging to note that Brandon's ability to recognize and fully process both printed and spoken language is at least minimally intact.

The review of test data provided on this child from two-to-three years prior to the present evaluation suggest that B [REDACTED] is falling further behind on age expected abilities in the realm of cognitive functioning. It is suspected by the present evaluator that two factors account for his decreasing performance level on standard tests. First, it is suspected that B [REDACTED] was able to perform at a relatively higher level as a younger child because the level of age-expected cognitive development at that time was low enough and broad enough in terms of normal-limits range that B [REDACTED]'s deficits were not fully evident. However, as B [REDACTED] has

increased in age his cognitive development has not kept pace with his chronological growth.

Secondly, B [REDACTED]'s apparent decrease in level of performance over time could be attributed to environmental factors which have exacerbated already physiologically compromised abilities. According to the referral source, B [REDACTED] has been the recipient of physical and sexual abuse. He has also spent more time, over the last two years, out of his home and in a number of academic/treatment settings. However, it should be clearly stated that environmental factors alone would not account for B [REDACTED]'s deficient performance on the present neuropsychological examination. This child has distinct brain-based deficits which need to be addressed through re-training and remedial academic activities. It is highly unlikely that such re-training and remediation will result in this child's achieving generally normative levels of functioning. However, testing did indicate that this child has the capacity to learn and benefit from academic instruction. He did demonstrate an ability to read at an approximately grade one level. Therefore, there is some indication that attempts at training, counter re-training and academic remediation could result in functional gains in this child's cognitive abilities.

Summary and Recommendation:

Overall, test results derived on the present evaluation of B [REDACTED] indicate that he is a child functioning in the mentally deficient range of intelligence. The results also clearly indicated that B [REDACTED] suffers from brain-based dysfunction and that this dysfunction is cortically diffuse, suggesting that his impairment is not localized to one region of the brain but instead is a general compromise of effective brain function. Additionally, the results indicated that B [REDACTED] is a depressed child, and the clinical features noted suggested that Dysthymia as the depression type.

Certainly, a number of factors are likely responsible for Brandon's compromised intellectual functioning level. Although the extent to which any of these factors may contribute to B [REDACTED]'s cognitive functioning level cannot be precisely determined, these factors may include: exposure to alcohol and other drugs while in utero, brain damage due to head injury, genetic predisposition, insufficient infant stimulation, inadequate or absent levels of academic stimulation, and, any of these factors could be exacerbated by emotional trauma and likely subsequent reactions to emotional upset, i.e., depression, post-traumatic stress disorder, etc.

Encouraging was the finding that B [REDACTED] has developed beginning reading skills. This factor is of primary importance and suggest that B [REDACTED] has the potential for learning and re-training of some

present deficient skill areas, (i.e., grapho motor skills, problem-solving skills, and language skills in general).

With regards to B [REDACTED]'s tendency to occasionally appear to fall asleep, suddenly, and at any time of day, the present evaluator proposes the following explanation: First, it should be stated that B [REDACTED] has been neurologically evaluated at two different hospitals, resulting in negative findings. That is, no apparent seizure disorder or other physiologically-based problems were noted to account for this sleep behavior. It is proposed here that B [REDACTED]'s apparent falling asleep is, in fact, just that. It is likely that his tendency to sleep at various periods throughout the day is related to cognitive fatigue or overload. Considering the degree of dysfunction noted in the present evaluation, it is evident that B [REDACTED] must work very hard, cognitively, in order to bring his concentration and attention level to bear on what might appear to be routine tasks. When one observes B [REDACTED] appearing to fall asleep at an inappropriate time, it would be instructive to consider the task in which B [REDACTED] is engaged and to suspect that his sleep is an attempt to delay the task at hand so that he can rest and "recharge his cognitive battery".

Finally, it should be stated that B [REDACTED] presented as a somewhat reluctant but willing participant in the present evaluation. He was able to sustain attention, concentration and effort over the course of more than seven hours of testing. During that time he presented no behavior problems, he followed instruction, and generally was a pleasant child in his interactions with the examiner. Written and verbal reports from B [REDACTED]'s assigned worker, Carolyn Peart-Jones, LICSW, at the Italian Home, indicated that when B [REDACTED] arrived at his present placement, approximately one year ago, he tantrumed frequently, was aggressive towards others, and was generally oppositional and defiant in his behavior. The appropriate level of behavior observed by this examiner suggested that B [REDACTED] has indeed done quite well at his present placement and the staff at the Italian Home obviously provided excellent and effective care of this child. It is hoped that this care can continue for an extended period of time and to that extent the following recommendations are made:

1. Given B [REDACTED]'s apparent improvement in behavior and obvious positive adjustment to his present placement, it is recommended that his stay at the Italian Home for Children continue on as the staff at that facility deems appropriate. B [REDACTED] requires the intensive level of structure and care that a facility such as the Italian Home for Children can provide. Further, a change in placements in the point in time would almost certainly result in a general regression in B [REDACTED]'s current level of functioning, i.e., cognitively, emotionally, and academically.

2. Individual psychotherapy is recommended to assist B [REDACTED] in coping with his feelings of loss, his depression, and his post-traumatic stress disorder features, (i.e., reported nightmares, exaggerated startled response, etc.).

3. Family therapy is recommended to assist B [REDACTED] in dealing with his depression and apparent P.T.S.D. features as they relate to experiences with his mother.

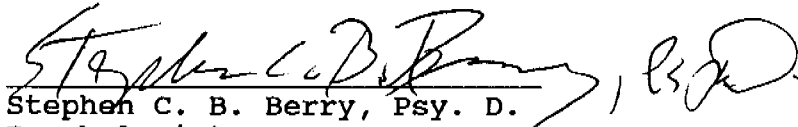
4. If the eventual service plan for B [REDACTED] includes returning to the care and custody of his mother it is highly recommended that the Department of Social Service perform a parenting evaluation to determine the appropriateness and the adequacy of his mother's parental skills.

5. The multi-modal approach to learning is essential for this child. In order to maximize learning opportunities for this child, information must be presented to him in a manner that stimulates as many sensory processes as possible. Whether academic, therapeutic or social, B [REDACTED] will benefit most from information being presented visually, tactually, and auditorially. Restated, B [REDACTED] will have his best chance at learning if he can see it, touch it, hear it and otherwise interact with it. Additionally, B [REDACTED] will require highly structured learning experiences, as much one-to-one instruction as possible, and he should be frequently assisted in developing problem-solving strategies whether academic, socialization, or psychotherapeutic in nature.

6. B [REDACTED] should receive specialized instruction in developing his writing skills and he will require the instruction of a specialist who can assist him in developing grapho-motor techniques and skills so that he can improve his writing and language skills in general.

7. B [REDACTED] should be given every opportunity to develop his sensory-motor skills. Such opportunities could include sports, the playing of board games and other child play activities that include hands-on manipulation of objects, (e.g., Checkers, Candyland, Legos, etc.)

8. Although this final recommendation would apply to any child, it is of particular importance to emphasize that B [REDACTED] will require a general sense of: security, of being cared for, and belonging. Essentially, given the number and degree of this child's deficits and emotional upset, he will need frequent emotional "refueling".


Stephen C. B. Berry, Psy. D.
Psychologist

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EDUCATION

INDIVIDUALIZED EDUCATIONAL PLAN (IEP)

School District: Mansfield

MEETING

Date: 2/23/99

Type:

Review #: #1

Re-evaluation date: 3/01

PART A: INFORMATION SECTION

1. STUDENT INFORMATION

Student Name:

Identification Number:
50245

LAST

FIRST

MIDDLE

Birthdate: 86

Age: 12

Grade: non-graded

Primary Language: English

Address:

Home Telephone:

School name/address: Italian Home School 1125 Centre St. Jamaica Plain, MA 02130

School Telephone: (617) 522-2221

2. PARENT INFORMATION

☒ Parent ☐ Foster Parent ☐ Guardian ☐ Educational Advocate ☐ Student

Name:

Name:

Address: Mansfield MA 02048

Address:

Home Telephone:

Home Telephone:

Other Telephone:

Other Telephone:

Primary Language of the home: English

Primary Language of the home:

3. INITIAL EVALUATION AND RE-EVALUATION INFORMATION

Pre-referral activities were implemented: Yes, documented in student record No

If no, explain:

Eligibility Determination

Existence of disability: ☒ Yes ☐ No

Student is making effective progress in regular education: ☐ Yes ☒ No

Eligible for special education services: ☒ Yes ☐ No

If student is not eligible for special education, complete Parts C & D on last page of IEP form. If student is eligible for special education, complete the IEP form.

4. IEP INFORMATION

Liaison Name: Ray Hurley

Position: Outplacement Coordinator

Telephone: (508)261-7530

IEP period: 2/99 -2/00

Next scheduled annual review date:

Scheduled three year evaluation date: 3/01

Cost share placement:

☐ Yes, cost share participants:

☒ No

Name: S [REDACTED]

Date of Birth: [REDACTED] 86

IEP Period: 2/99 - 2/00

PART B: STUDENT SECTION

1. STUDENT PERFORMANCE PROFILE

Describe: (a) student's areas of strength; (b) student's areas of need; and (c) the current level(s) of performance for each area of need that corresponds to attached goal(s) and objectives.

S [REDACTED] is a friendly 12 year old student currently attending school at the Italian Home for Children. He presents as a very bright child who tests in the superior range of intellectual ability. He is on grade level in all subjects and demonstrates particular strengths in reading and vocabulary. Comprehension level falls within a 7th-8th grade level. Written language is somewhat lower at about 5th grade level. S [REDACTED] is able to write a brief, creative one-page narrative but without consistent use of capitalization and punctuation.

S [REDACTED] is functioning at about a 5th-6th grade level in math. He especially has difficulty solving basic computation problems as he is easily distracted and often unfocused.

In the broad knowledge areas, S [REDACTED] has strengths in the Science areas. He shows interest in the material presented in both science and social studies classes. S [REDACTED] is more attentive during these instructional periods and enjoys participating in activities and discussions.

Controlling behavior, social skills, emotional needs and safety issues are all areas of concern. S [REDACTED] has difficulty following directions and accepting limits. He sometimes sleeps in response to limits. S [REDACTED] may demonstrate unsafe behaviors such as running from adults. He spends much of the school day in time out and is often unable to use it appropriately.

Peer interactions are generally difficult. S [REDACTED] occasionally initiates interactions with one peer in particular but often chooses to isolate from the group. His tolerance of other's behaviors is low. S [REDACTED] at times, tends to tease or provoke peers.

S [REDACTED] has difficulty engaging in tasks that require sustained mental effort. He has trouble organizing tasks and is easily distracted making it difficult to complete assignments.

2. STUDENT INSTRUCTIONAL PROFILE

Describe: (a) student's approach to learning; and (b) instructional approaches and/or modifications in the classroom and other settings that will facilitate successful accommodation and education for the student, including teaching approach, curriculum methods, equipment, assistive technology, staff, facilities, grading, testing, etc.

S [REDACTED] requires a highly structured, predictable classroom that provides frequent reinforcers and consequences for his behavior. He should continue to be challenged academically with both independent and group projects which will foster creativity (a strength); and, build his ability/tolerance of working with others (a concern). Within a small, structured setting, S [REDACTED] should have the opportunity to work on issues of low self-esteem and feelings of inadequacy.

THE STUDENT SECTION. INSERT **AFTER** THE PAGE CONTAINING THE STUDENT PERFORMANCE PROFILE & THE STUDENT INSTRUCTIONAL PROFILE AND **BEFORE** THE PAGE CONTAINING THE GOALS AND OBJECTIVES.

Student Name: S. [REDACTED]

ADDENDUM TO THE IEP

THE ADDENDUM INCLUDES THESE COMPONENTS:

- ✓ DESCRIPTION OF STUDENT'S PARTICIPATION IN THE GENERAL CURRICULUM AND STATE AND DISTRICT-WIDE ASSESSMENTS
- ✓ DESCRIPTION OF ACCOMMODATIONS IN SPECIFIC CONTENT AREAS (IF APPLICABLE)
- ✓ DESCRIPTION OF PLANNED ALTERNATIVE ASSESSMENT IN SPECIFIC CONTENT AREAS (IF APPLICABLE)
- ✓ OTHER ELEMENTS OF THE IEP AS REQUIRED UNDER IDEA-97

FILL OUT THE TABLE BELOW. CONSIDER ANY STATE OR DISTRICT-WIDE ASSESSMENT TO BE ADMINISTERED DURING THE TIME SPAN COVERED BY THIS IEP. FOR EACH CONTENT AREA, IDENTIFY THE STUDENT'S **ASSESSMENT PARTICIPATION STATUS** BY PUTTING AN "X" IN THE CORRESPONDING BOX FOR COLUMN 1, 2A OR 2B. PUT "NTS" (NO TESTING SCHEDULED) IN THE SAME COLUMN BOX IF NO STATE OR DISTRICT-WIDE ASSESSMENT IS SCHEDULED FOR THE STUDENT DURING THE TIME SPAN COVERED BY THIS IEP.

PARTICIPATION IN THE GENERAL CURRICULUM

	Student receives neither special education nor instructional accommodations as part of a Section 504 Plan in this content area.	Student receives special education or instructional accommodation as part of a Section 504 Plan in this content area.	
	1. Assessment participation: Student participates in on-demand testing under routine conditions in this content area.	2A. Assessment participation: Student participates in on-demand testing with accommodations in this content area. (see ① below)	2B. Assessment participation: Student participates in alternative assessment in this content area. (see ② below)
CONTENT AREAS	COLUMN 1	COLUMN 2A	COLUMN 2B
History and Social Sciences		NTS	
Science and Technology		NTS	
Mathematics		NTS	
English Language Arts		NTS	
Reading (elementary only)			

① For each content area identified by an x in column 2A above: Note the content area in the space provided here and describe the accommodations necessary to participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program. If necessary, write information on an additional page and attach to the IEP addendum.

② For each content area identified by an x in column 2B above: Note the content area in the space provided here and describe how that content area will be alternatively assessed. Use as much detail as necessary to cover all five elements described in the guidelines for alternative assessment. Guidelines are detailed in the directions for the addendum. If necessary, write information on an additional page and attach to the IEP addendum.

Name: S [REDACTED]

Date of Birth: [REDACTED]/86

IEP Period: 2/99 - 2/00

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 1 THE STUDENT WILL DEVELOP SOCIAL/EMOTIONAL SCHOOL RELATED SKILLS.

Objectives and Evaluation Procedure and Schedule

1. Objective: Given a structured classroom setting, the student will verbalize his feelings to the appropriate adult when frustrated or angry 80% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly/monthly/weekly/daily

2. Objective: Given an independent task, the student will remain focused and complete written work with minimal frustration 90% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly/monthly/weekly/daily

3. Objective: Given group activities, the student will participate 90% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly

4. Objective: Given a variety of peer related interactions, the student will initiate interactions and develop appropriate relationships 80% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report

Name: S [REDACTED]

Date of Birth: [REDACTED] 86

IEP Period: 2/99 - 2/00

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 1 SOCIAL/EMOTIONAL (CONTINUED)

Objectives and Evaluation Procedure and Schedule

1. Objective: Given a structured setting, the student will accept limits or consequences 80% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly/monthly/weekly/daily

2. Objective: Given adult support, the student will develop strategies to resolve conflicts with peers 70% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly/monthly/weekly/daily

3. Objective: Given a structured classroom setting, the student will develop strategies to cope with frustration or feelings of sadness as demonstrated by a decrease in withdrawn behavior 80% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly/monthly/weekly/daily

4. Objective: Given a therapeutic setting, the student will build self-esteem as demonstrated by an increase in positive comments about academic achievements 80% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly/monthly/weekly/daily

Progress Report Information

15

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report

4

Name: S [REDACTED]

Date of Birth: [REDACTED] 86

IEP Period: 2/99 - 2/00

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 2 THE STUDENT WILL IMPROVE READING AND SPELLING SKILLS.

Objectives and Evaluation Procedure and Schedule

1. Objective: Given unfamiliar words, the student will use known phonics sounds to decode words with 90% accuracy.

Evaluation Procedure: Word lists, Megawords, trade books

Evaluation Schedule: Quarterly/monthly/weekly/daily

2. Objective: Given passages and books, the student will read and comprehend at a 7th/8th grade level with 80% accuracy.

Evaluation Procedure: Tests, reviews, teacher observation, comprehension passages

Evaluation Schedule: Quarterly/monthly/weekly/daily

3. Objective: Given instruction, the student will perform a variety of writing assignments (fictional stories, biographies, poetry, essays, research papers, etc.) and will edit pieces with teacher assistance.

Evaluation Procedure: Journal, stories, writing exercises

Evaluation Schedule: Quarterly

4. Objective: Given a structured spelling program, the student will spell words with 85% accuracy.

Evaluation Procedure: Megawords

Evaluation Schedule: Quarterly/monthly/weekly/daily

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report

Name: S [REDACTED]

Date of Birth: [REDACTED] 86

IEP Period: 2/99 - 2/00

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 3 THE STUDENT WILL IMPROVE MATH SKILLS.

Objectives and Evaluation Procedure and Schedule

1. Objective: Given computations involving $+$, $-$, \times , \div , the student will complete basic and higher level problems with 80% accuracy.

Evaluation Procedure: Workbooks, manipulatives

Evaluation Schedule: Quarterly

2. Objective: Given a variety of word problems at a 6th/7th grade level, the student will solve problems with 80% accuracy.

Evaluation Procedure: Tests, reviews, workbooks

Evaluation Schedule: Quarterly

3. Objective: Given higher level problems involving fractions, decimals and percents, the student will solve problems with 80% accuracy.

Evaluation Procedure: Workbooks, manipulatives, tests, reviews

Evaluation Schedule: Quarterly

4. Objective: Given a variety of practical applications, the student will relate known skills to solve problems with 80% accuracy.

Evaluation Procedure: Workbooks, tests, reviews

Evaluation Schedule: Quarterly

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report

Name: S [REDACTED]

Date of Birth: [REDACTED]/86

IEP Period: 2/99 - 2/00

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 4 THE STUDENT WILL GAIN KNOWLEDGE IN SCIENCE.

Objectives and Evaluation Procedure and Schedule

1. Objective: Given large group instruction, student will complete all oral and written activities to teacher-directed units in science with 80% accuracy.

Evaluation Procedure: Texts, hands-on materials, experiments, tests, field trips
Evaluation Schedule: Quarterly

2. Objective: Given class discussions in science, the student will participate 80% of the time.

Evaluation Procedure: Tests, reviews, teacher observation
Evaluation Schedule: Quarterly/monthly/weekly/daily

3. Objective: Given a variety of science activities, the student will develop skills in: making inferences, experimentation, hypothesis and note-taking.

Evaluation Procedure: Teacher Observation
Evaluation Schedule: Quarterly

4. Objective:

Evaluation Procedure:
Evaluation Schedule:

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report

Name: S [REDACTED]

Date of Birth: [REDACTED] 86

IEP Period: 2/99 - 2/00

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 5 THE STUDENT WILL GAIN KNOWLEDGE IN SOCIAL STUDIES.

Objectives and Evaluation Procedure and Schedule

1. Objective: Given large group instruction, students will complete all oral and written activities to teacher-directed units in social studies with 80% accuracy.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly/monthly/weekly/daily

2. Objective: Given class discussions in social studies, the student will participate 80% of the time.

Evaluation Procedure: Tests, reviews, teacher observation

Evaluation Schedule: Quarterly/monthly/weekly/daily

3. Objective:

Evaluation Procedure:

Evaluation Schedule:

4. Objective:

Evaluation Procedure:

Evaluation Schedule:

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report

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Name: S [REDACTED]

Date of Birth: [REDACTED]/86

IEP Period: 2/99 - 2/00

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 6 THE STUDENT WILL GAIN KNOWLEDGE OF ARTS AND HUMANITIES.

Objectives and Evaluation Procedure and Schedule

1. Objective: Given a variety of art activities, the student will develop skills in observation, expression and appreciation.

Evaluation Procedure: Art activities, teacher observation
Evaluation Schedule: Quarterly

2. Objective: Given a variety of art activities the student will develop skills in the medium of paint, markers, dye, textiles, charcoal, pastels.

Evaluation Procedure: observation, finished works
Evaluation Schedule: Quarterly

3. Objective: Given a variety of musical activities, the student will develop skills in expression, listening and appreciation.

Evaluation Procedure: Teacher Observation
Evaluation Schedule: Quarterly

4. Objective:

Evaluation Procedure: Teacher Observation
Evaluation Schedule: Quarterly

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report.

Name: S [REDACTED]

Date of Birth: [REDACTED] 6

IEP Period: 2/99 - 2/00

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 7 THE STUDENT WILL PARTICIPATE IN PHYSICAL EDUCATION CLASS TWICE WEEKLY.

Objectives and Evaluation Procedure and Schedule

1. Objective: Given a variety of exercises the student will demonstrate proficiency 85% of the time.

Evaluation Procedure: Observation, tests.

Evaluation Schedule: Quarterly

2. Objective: Given games of soccer, volley ball, softball and basketball the student will develop technical moves and participate in games.

Evaluation Procedure: teacher observation

Evaluation Schedule: Quarterly

3. Objective: Given a variety of gym activities (group games) the student will develop sportsmanship skills.

Evaluation Procedure: Teacher Observation

Evaluation Schedule: Quarterly

4. Objective:

Evaluation Procedure: Teacher Observation

Evaluation Schedule: Quarterly

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report

Name: S [REDACTED]

Date of Birth: [REDACTED] 86

IEP Period: 2/99 - 2/00

3. GOALS AND OBJECTIVES

ANNUAL GOAL#8 THE STUDENT WILL DEVELOP A THERAPEUTIC RELATIONSHIP WITH CLINICIAN.

Objectives and Evaluation Procedure and Schedule

1. Objective: Given weekly individual therapy, the student will develop a trusting relationship with the clinician.

Evaluation Procedure: Observation, clinical notes/conferences, progress reviews
Evaluation Schedule: Quarterly

2. Objective: Given weekly individual therapy, the student will gain an understanding in how his actions affect others and will express his feelings in therapy 75% of the time.

Evaluation Procedure: Observation, clinical notes/conferences, progress reviews
Evaluation Schedule: Quarterly

3. Objective: Given weekly family therapy, the student will address issues regarding his transition home and any related problems or issues occurring in the home.

Evaluation Procedure: Observation, clinical notes/conferences, progress reviews
Evaluation Schedule: Quarterly

4. Objective: Given weekly therapy, the student will process issues relating to his firesetting behaviors.

Evaluation Procedure: Observation, clinical notes/conferences, progress reviews
Evaluation Schedule: Quarterly

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report Student Name:

Name: S [REDACTED]

Date of Birth: [REDACTED]

IEP Period: 2/99 - 2/00

3. GOALS AND OBJECTIVES

ANNUAL GOAL# 1 SOCIAL/EMOTIONAL (CONTINUED)

Objectives and Evaluation Procedure and Schedule

1. Objective: Given a therapeutic setting, the student will accept responsibility for his behaviors and actions in school 90% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly / monthly / weekly / daily

2. Objective: Given a therapeutic setting, the student will refrain from using any sexualized or demeaning comments towards others 80% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly / monthly / weekly / daily

3. Objective: Given a therapeutic setting, the student will display feelings of anger, frustration and sadness in ways which are not harmful or disruptive to himself or others 80% of the time.

Evaluation Procedure: Daily Behavior charts, teacher observation

Evaluation Schedule: Quarterly / monthly / weekly / daily

4. Objective:

Evaluation Procedure:

Evaluation Schedule:

Progress Report Information

Progress reports shall be at least semi-annual. For students in collaborative and private school placements, progress reports shall be quarterly. The annual review meets the requirement for the annual progress report

Name: S [REDACTED]

Date of Birth: [REDACTED] 86

IEP Period: 2/99 - 2/00

4. SPECIAL EDUCATION SERVICE DELIVERY

School District Cycle: 5 day cycle 6 day cycle 10 day cycle Other _____

A. Consultation (Indirect Services to School Personnel and Parents)

Type of Service	Focus on Goal#	Person(s) Responsible	Start Date	Freq/Duration per Day/Cycle	Total Time Cycle	Comments (if applicable)

B. Special Education and Related Services in Regular Education Classroom (Direct Services)

Type of Service	Focus on goal#	Person(s) Responsible	Start Date	Freq/Duration per Day/Cycle	Total Time Cycle	Comments (if applicable)

C. Special Education and Related Services in Other Setting (Direct Services)

Type of Service	Focus on Goal#	Person(s) Responsible	Start Date	Freq/Duration per Day/Cycle	Total Time Cycle	Location
Emotional	1	Teacher/staff		ongoing	ongoing	Italian Home School
Academics	2-5	SPED Teacher		4hr+1/5days	21hr/wk	
Humanities	6	Art Teacher		1 1/2 hr/wk	11/2hr/wk	
Gym	7	Gym Teacher		1 1/2hr/wk	11/2hr/wk	
Therapy	8	Clinician		1hr/wk	1hr/wk	

Service Delivery Totals per Cycle

Total consultation time (A)	_____
Total service delivery time in regular education classroom (B)	_____
Total service delivery time in other setting (C)	_____
Time and Prototype Determinations	_____
Total time in student's school cycle	<u>25 hr/wk</u>
Total time of special education/related services in regular education and other settings (B + C)	<u>25hrs</u>
Total time in regular education without special educational/related services (school cycle - (B+C))	<u>0</u>
Prototype: Total time outside regular education with special education/related services (C + school cycle)	<u>502.5</u>

file

PSYCHOLOGICAL ASSESSMENT

NAME: S [REDACTED]
ADDRESS: [REDACTED] Mansfield, MA 02048
SCHOOL: Jackson Elementary
GRADE: 3
D.O.B.: [REDACTED]
DATES
EXAMINED: 1-19-96, 1-24-96, 1-25-96, 1-26-96
EXAMINED BY: Raymond G. Hurley, Jr.

ASSESSMENTS

ADMINISTERED: Wechsler Intelligence Scale for Children-III
Children's Self Report and Projective
Inventory
Kinetic School Drawing
Observations

REFERRAL

ISSUES: S [REDACTED] was initially referred for special education services last year because of refusal to do class work or to participate in group activities in the classroom. Furthermore, his behavior became increasingly provocative and disruptive. Anecdotal reports and observations included incidents of frequent speaking out, out of seat behavior such as crawling under desks, throwing his shoes, and on one occasion, throwing a chair in the classroom.

Substantial interventions and modifications were developed by his adjustment counselor and classroom teacher. These included a well-documented and charted behavioral program consisting of token and other secondary reinforcers, social reinforcers, and a protocol of consequences including ignoring, negotiating choices, and time-out in the classroom. Other consequences included out of class time-out and suspension.

On several occasions, S [REDACTED] required restraint and more than once removed his clothing in the time-out room. Despite considerable effort and numerous strategies, improvements in S [REDACTED]'s behavior and academic achievement were minimal.

Earlier reports indicate an inflexible style and poor coping mechanisms, along with a pattern of social and emotional withdrawal. At the time of S [REDACTED]'s escalating behavioral difficulties, his family was going through considerable

stress and conflict. His father lives separately from S [redacted] and his mother, but maintains contact. Reports further indicate a history of inconsistent and unpredictable nurturing and limit setting as well as a significant mental health history in the family (Bipolar Disorder - mother).

In March of last year, S [redacted] was placed in a substantially separate, level-based, special education program. His teacher reports steady and significant improvement in his behavior and achievement over the past year. He is in the process of gradually returning to some mainstreamed classes, is usually on task, and behaves appropriately most of the time. Provocative and refusal behaviors have all but disappeared; however, he still requires considerable support, and appears vulnerable to change or criticism. He also continues to manifest a unique and somewhat idiosyncratic style that includes a preoccupation with certain themes and routines as well as an unusual affective style. S [redacted] has a strong interest in the grotesque and macabre, as well as a precocious interest in sexual themes. Lastly, although he seems to have a certain affinity towards some of the staff who have taken a strong interest in S [redacted] and invested many hours working with him in a very individualized and personal support system, he continues to have difficulty developing the trust and intimacy that usually ensues in these kinds of relationships.

OBSERVATIONS: S [redacted] presented as a neat, well-groomed, casually attired nine year old boy. He separated easily from his classroom and came willingly with the examiner, whom he has known for over one year. He appeared well-oriented to time and place, knew the day, date, his address, phone number, and date of birth, and correctly estimated the time within ten minutes. He brought a ten inch action-figure doll with him to each session and expressed concern as to where it would stay comfortably during the testing. S [redacted] was generally conversational, pleasant and cooperative, and clearly invested in most of the assigned tasks. One exception to this, however, was his reaction to the questions to the projection pictures and drawings. In response to his own drawings, his answers were brief, guarded, and non-disclosing. His descriptions of the projective pictures were even more terse, and he clearly avoided the projective load implied in the pictures. His style here could best be characterized as blocking and resistant. He appeared agitated and began rocking. When presented with a picture of a boy holding what appears to be a "magic lamp", S [redacted] didn't respond for four minutes then began to cry quietly, then said "no story". To another card that showed a boy sitting on a bed beside a man wearing a shirt, tie, and pants, usually perceived as a father figure, Spencer responded "I don't know". After prompting, he said, "It's a boy sitting beside his mother."

On the Verbal sub-tests of the WISC-III, S [REDACTED]'s responses were comprehensive and articulate and he was willing to risk calculated guesses at and above his ceiling level. On the Arithmetic sub-test, he did not appear to have automatic recall of his basic math facts and tended to count up or down to solve addition and subtraction questions. Near the end of the Comprehension sub-test, he covered his face with his hands and started to cry. When asked what was the matter he said, "You're asking too many questions". After a short break, he was able to resume without difficulty.

On the Performance sub-tests of the WISC-III, S [REDACTED] was diligent and persevering and did not want to "give up". He was effortful in his style and frequently worked beyond the time limits. On speed tests, he competed aggressively with the time, and positioned the manipulatives using both hands simultaneously and efficiently. On pencil and paper tasks, S [REDACTED] utilized a comfortable right hand three point pencil grip and scanned the model well. He frequently self-verbalized on these sub-tests, giving himself directions and cues as he moved along, and told the examiner the theme of four of the Picture Arrangement series. He frequently displayed a slight tremor in both hands. There was evidence of directional confusion on the Picture Arrangement sub-test, where he preferred to use his left hand and ordered the series from right to left on all but two of the items.

Overall, S [REDACTED]'s style could best be described as idiosyncratic. His affect, expressions, and inflection were often out of context with the activity. Although effortful and motivated, his presentation ranged from unemotional to over-reactive. His breathing appeared labored, deliberate, and mechanical. Nevertheless, an appropriate rapport was established at the outset and maintained throughout our sessions together. The results appear to be an accurate reflection of S [REDACTED]'s ability and social/emotional profile.

TEST RESULTS: According to S [REDACTED]'s performance on the Wechsler Intelligence Scale for Children-III, he is presently functioning in the Superior range of intellectual ability with no significant discrepancy between Verbal and Performance scores (V.S.-121, P.S.-116, F.S.S.-121; percentiles 92, 86, 92 respectively). Inter-test scatter analysis of his psycho-graph is indicative of superior verbal concept formation and logical thinking in conjunction with remote memory, and a general verbal fluency. It also indicates strengths in visual-motor coordination and perceptual organization, along with good creative ability. Weaknesses were noted in arithmetic reasoning, attentive ability, which included indications of distractibility and difficulty concentrating, and possible obsessive tendencies. Spencer's pattern of scores was also suggestive of relatively impaired judgment, especially in the social context, and a likelihood of difficulty getting along with others.

Information	16	Picture Completion	12
Similarities	16	Coding	12
Arithmetic	10	Picture Arrangement	11
Vocabulary	14	Block Design	14
Comprehension	11	Object Assembly	13
Digit Span	6		

S [REDACTED] expressed concerns about being generally sad, family problems, and being unhappy in school. Specifically, he stated his parents do not get along and don't spend as much time with him as he would like, that his regular classroom teacher doesn't like him, and that he sometimes can't stop himself from crying. S [REDACTED] further stated that he feels different from other children, doesn't like himself, and feels bad about being criticized and made fun of by his peers. He said he hates school and is not challenged in the regular class setting, and that in general he worries a lot. Going to bed at night is scary, he said, because he starts to think about things he doesn't like to think about, but would not disclose the theme or content of those thoughts.

Projectives are suggestive of a sad, unhappy, boy with ineffective defenses that result in feelings of helplessness and depression, as well as potential behavior problems that could include aggressive features. S [REDACTED] is at risk to being very sensitive and reactive to even minor stressors as a result of his inadequate defenses and weak ego structure. He generally appears to defend himself with denial and withdrawal, and occasionally distracts himself (and others) with acting-out behaviors. There is a potential for this acting-out to take on aggressive features depending on the content of the feelings he is trying to distract himself from, as well as the reaction from adults, whom he tends to see as threatening and possibly dangerous. He appears to be generally discontent, with feelings of inferiority, ineffectiveness, inadequacy, and low self-esteem. Results suggest an anxious and tense style and a strong need for stability and security. As mentioned above, S [REDACTED] is particularly vulnerable under stress. He can easily shut down and withdraw, seeking comfort in fantasy and social isolation. Social interactions are especially troublesome. His response style is typical of youngsters who appear generally evasive and reluctant to face and communicate with others, or at least to do so only on their own terms. Furthermore, children with this style tend to have a distaste for convention, are overly focused inward, and do not look to the environment for social or behavioral cues. They tend to be loners, not people-oriented, and hypersensitive to criticism. There are numerous indicators of overall significant maladjustment. He also appears to have some sexuality concerns that are unclear at this time.

In the family setting, S [REDACTED] appears to see his father as powerful, dominant and intimidating. He seems to see his mother as possibly fleeing the home. In general, S [REDACTED] appears to feel left out and rejected and having strong stability and security needs in this setting.

RECOMMENDATIONS:

1. S [REDACTED] appears appropriately placed in a consistent, predictable supportive setting that provides frequent reinforcers and consequences for his behavior and achievement. S [REDACTED]'s social, emotional, and psychological profile requires a long term individualized behavioral/disciplinary approach which should be centered and coordinated through his behavioral program.

2. Despite his avoidance of effortful striving, which is most likely a result of his low self-esteem and generalized feelings of inadequacy and possible depression, S [REDACTED] should be challenged academically, keeping in mind his superior intelligence. His creative style, as well as his distaste for convention ought to be considered in this regard. Independent projects, negotiating and contracting, and an individualized and stimulating curriculum, as well as methods and means would be helpful here. When the final project or work is assigned, however, S [REDACTED] should be held accountable. The behavioral teacher could provide support and consultation in this regard.

3. Group counseling would be beneficial, with an emphasis on acquiring and implementing appropriate social skills and strategies, as well as problem-solving and crisis resolution, within the group context.

4. Regularly scheduled individual counseling would be important in supporting S [REDACTED]'s progress in school. Specifically, S [REDACTED]'s counselor may want to focus on developing positive and effective defense mechanisms to assist S [REDACTED] in coping with the everyday stressors in his life. Keeping S [REDACTED] "grounded" and in touch with his environment by helping him learn how to adjust and adapt to it appropriately would be helpful here. Play activities that would include developing alternative solutions to various problems, especially in a social context, would be one example. Certainly, S [REDACTED] needs a lot of work on his self-esteem. As he gets older, and becomes challenged by normal developmental issues, particularly those involving identity and socialization, he could become particularly vulnerable. These issues ought to be considered when developing a therapeutic regimen.

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5. There are some home-based issues that require professional intervention. While this is beyond the scope of school services, it is hoped that these services will be strongly considered by S [REDACTED]'s parents.



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2/23/98

Every now and then...we have an opportunity to make a difference.

The Assessment Center ♦ A Program of the Italian Home for Children

1125 Centre Street • Jamaica Plain • MA • 02130
phone (617) 524-3116 • fax: (617) 524-4780

Assessment Center

Diagnostic Summary

Name: S [REDACTED]
DOA: 1/13/98

DOB: [REDACTED]
PDOD: 2/26/98

Long-term placement goal: To reside with his mother, at home.

Primary Clinician: Heidi Steinert, LCSW

Psychiatrist: Dr. Christopher Bellonci

After-care Plan: It is the recommendation of the treatment team that S [REDACTED] be discharged to a program which is able to provide him with 24-hour-a-day supervision, and which can provide him with intensive therapeutic intervention.

Custody Status: .

S [REDACTED]'s mother and father have joint custody. S [REDACTED] resides with his mother.

Insurance Information:

Primary: Pilgrim Health Care
Group Identity Number: 2164-1S
Subscriber Identity Number [REDACTED]

Secondary: MassHealth

Helping children in crisis for over 75 years.

Number: 8508 0701 69
RID Number: 033 66 2886 5

Family Information:

Primary language spoken by family: English

Mother:

DOB: [REDACTED]

[REDACTED]
Mansfield, MA 02048
[REDACTED]

Father:

DOB: [REDACTED]

[REDACTED]
Norton, MA 02766
508-285-7923

Siblings: None

Presenting Problem

S [REDACTED] was hospitalized at St. Vincent's Diagnostic Center from 11/7/97 to 11/21/97. This was his first psychiatric hospitalization. [REDACTED] discharged S [REDACTED] because he had reported physical abuse by peers and she was experiencing poor communication with staff. S [REDACTED] was admitted to St. Vincent's at the suggestion of Mansfield Public Schools. The precipitant for this admission was that S [REDACTED] was exhibiting significant behavioral problems at school. He was becoming very aggressive when limits were set - he would run away from his teachers, punch walls, kick, spit and throw things when angry. Additionally, he was exhibiting sexualized behaviors such as sexualized speech, exposing himself, and taking off his clothes while in time-out. The school system felt that S [REDACTED] was becoming a danger to both himself and others.

S [REDACTED] also has a significant history of firesetting. At four years of age, he set fire to his mother's bed while she was sleeping in it. Both S [REDACTED] and his mother sustained minor injuries. In March of 1996 he burned the second and third floors of his family's house while 'playing' with matches. An informal agreement was made that S [REDACTED] would attend a Firesetting Intervention Program, rather than face any legal charges for setting the fire. He only completed half of the program, as [REDACTED] did not feel that it was a beneficial experience for S [REDACTED]. S [REDACTED] has also admitted to officials at the Mansfield Fire Department that he has set 'many' small fires in his neighborhood. S [REDACTED] was able to put out these fires on his own, so no intervention from the fire department was needed.

Treatment Course

Clinical Assessment:

Developmental History

S█████ was born at full-term, weighing 7 lbs 11 oz. N█████ smoked during pregnancy, and denies use of drugs or alcohol. She stopped taking her prescription medication for bi-polar disorder during her pregnancy, and resumed it after the delivery. S█████ walked and talked developmentally on target, and exhibited no speech or language difficulties. S█████ did have difficulty toilet-training, he was trained at approximately 3-4 years of age. Enuresis began at age four years.

Individual

S█████ attends therapy willingly, but appears to attend because it is a requirement, rather than because he has any internal desire to do so. He remains minimally invested in the therapeutic process. Recent sessions have included conducting the sexual abuse and fire setting evaluations, as well as discussing his experience at the Italian Home.

Regarding the sexual abuse evaluation, S█████ has been able to engage in a dialogue with this therapist around the topic of sexual abuse, and he has denied that anybody has ever touched him in an unsafe or inappropriate way. He has also denied ever witnessing a sexually upsetting act. In assessing S█████'s presentation to date, it is this clinician's opinion that it appears extremely unlikely that S█████ has any history of being sexually abused.

S█████ has also been a willing participant in the fire setting evaluation. He drew both a safe and unsafe fire, and he clearly knows the difference between each. S█████ has disclosed setting three fires to this therapist, which is inconsistent with what he told another staff. He told the staff member that he might have been involved with six fires. It is concerning that S█████'s stories have been different. While S█████ understands that setting fires is dangerous, he has been unable to show any remorse to this therapist about the harm that fires cause and the damage that results from them. Spencer stated that any harm/damage he caused was purely accidental. S█████ appears to show little remorse for the harm and damage he has caused, which is of great concern. S█████ is presenting as a crisis fire setter. Without a strong intervention program, it is quite possible that S█████ could be at risk for becoming a pathological fire setter.

S█████ continues to state a strong desire to want to return home, and attributes the difficulties he is having to his placement here. He has been unable to take any responsibility for his troubling actions and behaviors, and openly blames the staff for all of his difficulties. His reasoning behind this is that the staff are "out to hurt me". He remains personally offended that restraints have at times been necessary, and believes that it is unsafe to restrain a child. S█████ continues to state that he should be able to do

whatever he wants, whenever he wants, and that staff should not prevent him from doing this. He feels that running away from staff and being disobedient should be permitted at the Italian Home. He states that he had no problems at home because he had the freedom to plan his own day. S [REDACTED] has had extreme difficulties in responding to the structure at the Italian Home.

In talking about his run on February 3rd, he expressed absolutely no remorse for his behavior. He feels that he did the right thing, and stated that it is safer out on the streets than at the Italian Home, and sees nothing wrong about having run away. When asked why he decided to return, he stated that his feet were getting cold. He said that if he had money on him he would have taken a cab home to Mansfield.

On Achenbach's Child Behavior Checklist, S [REDACTED]'s scores for withdrawal, social problems, thought problems and attention problems were extremely significant clinically, meaning that these behaviors are much more pronounced when compared to 'normal' eleven year old boys. S [REDACTED]'s scores for anxiety and depression were also clinically significant. Clearly, many of S [REDACTED]'s behaviors are very much delayed and regressed for his age.

The Vineland Adaptive Behavior Scales was completed on S [REDACTED] on 1/27/98, with [REDACTED] S [REDACTED]'s mother, as the informant. The Vineland measures three domains of developmental functioning including communication, daily living skills, and socialization skills. In addition, there is a supplemental scale measuring maladaptive behavior. The results of the Vineland assessment indicate that S [REDACTED] is functioning above age level in the communication domain. S [REDACTED]'s age equivalent for receptive, expressive and written skills is 14 years 9 months. S [REDACTED] is clearly a very intelligent, articulate and verbal child, and should be able to carry these strengths with him throughout his life.

His age equivalent is 10 years 4 months for daily living skills. In the subcategory of 'personal daily living skills', he scored at 8 years 2 months. This means that S [REDACTED] is slightly delayed developmentally when doing such tasks as brushing his teeth and washing his hair without reminders from an authority figure.

Of great concern is S [REDACTED]'s score in the socialization domain. In this domain, he scored at an age equivalent of 5 years 11 months. In all three subdomains of the socialization domain, S [REDACTED] scored below age level. He scored at 5 years 8 months for interpersonal relationships, 8 years 8 months for play and leisure time, and 5 years 4 months for coping skills. This means that S [REDACTED] needs quite a bit of assistance coping with day-to-day life. S [REDACTED] appears to be very socially immature for his age.

In conclusion, S [REDACTED] presents as a highly intelligent young man, but one who is unable to accept responsibility for his actions, whether setting fires or running away. He is also interacting socially at an extremely developmentally delayed level. It is recommended that S [REDACTED] continue in individual treatment, so that he can hopefully learn more effective

ways to interact with the world, and continue to work through issues that are of concern for him.

Family

[REDACTED] has met with this therapist every week that S [REDACTED] has been on the Assessment Unit. She is always on time and has never canceled a session. She has willingly and enthusiastically attended sessions. She remains very invested in S [REDACTED]'s treatment. She truly wants what is best for S [REDACTED] and is able to accept the recommendation of S [REDACTED] not returning home upon discharge from the Italian Home. Sessions have involved talking about her own illness and sexual abuse, and S [REDACTED]'s illnesses and fire setting history.

[REDACTED] has always been very open and honest with this therapist, and has openly discussed her own history of sexual abuse. Her history has been particularly traumatic, and she has been both articulate and brave in discussing this trauma. She denies having any knowledge of any sexual abuse regarding S [REDACTED]. M [REDACTED] feels that S [REDACTED]'s difficult behaviors result from ineffective limit setting at home, and feels truly guilty that due to her illness she was not able to provide S [REDACTED] with more structure and limit setting.

[REDACTED] is very concerned about S [REDACTED]'s history of fire setting, and truly wants him to get the necessary help. She does not believe that S [REDACTED] ever considered any of the consequences for setting the fires, and this is of great concern to her. She also stated that during the fire which occurred in 1996, S [REDACTED] was upset, but this was because his toys would be destroyed in the fire. He showed little concern for the loss of [REDACTED]'s belongings or the house itself.

It is believed that both S [REDACTED] and M [REDACTED] can benefit from family therapy both now and in the future.

Other Assessments Completed (See attached documents):

Educational Evaluation, completed by Marjorie Packer
Psychological Evaluation, completed by Richard Monahan, Ph.D.
Firesetting Evaluation, completed by Heidi Steinert, LCSW

Social/Behavioral Assessment:

Peer Relationships/Social Skills:

S [REDACTED] initially was very quiet on the unit. He spent some time getting to know the staff and peers on the unit. He eventually began opening up a bit more to staff and his dorm-

mates, but still exhibited behaviors that showed he trusting people.

Most of the time, S [redacted] appeared to like playing. He chose to engage in art activities and some games. When he interacted with peers, it was noticed that he had some trouble around with one particular peer by tapping or what was spoken to about this on several occasions. Also, his nature. He would deliberately set up a group in or

These behaviors have increased as of recently, but S [redacted] went from not making any contact or minimal engaging in the milieu and being interested in the unit. It would almost appear that at times he was boasting information that he has obtained through either school

Interaction with Adults:

S [redacted] initially interacted with adults on a very superficial level. His interaction around adults has become a concern. He on numerous occasions of the staff was "bad" and out to hurt him. He has been disruptive to the unit. He strongly feels that we are going to hurt

As of recently, S [redacted] has shown some improvement in his relationships with staff. He has been more engaged in conversations and in some games. He has even started engaging with staff.

Summary of Behaviors:

Spencer came to us on Red Dot (safety program) for his disruptive behaviors. He has stayed on this program through the past several months. Although S [redacted] has not lit a fire, so has never been present. More recently the safety concern was that S [redacted] would run and hide from staff when limited to the dorm and the building and hide until a staff car could be run from a time out room upstairs on the second floor and down Centre Street. I feel the need to address his behavior or socks or shoes. He returned that night around 11:00 PM and came back inside the building. He stated that he didn't get caught and came back. The Boston Police Department visited the Italian Home, searched for S [redacted]

He has been stating that he has been bored during his time in the basement and just lays on the floor. He claims

frustrated with homework and school work and will act out so that he doesn't have to complete them. Presently, when S [REDACTED] does not want to do something, he will bang his head off of hard surfaces, make loud screeching noises or hit himself.

When S [REDACTED] is invested in something, he is invested whole-heartedly. He will show his enjoyment and play or talk for long periods of time. He has been able to show that he is capable of being friendly and helpful with not only peers on the unit, but adults as well.

S [REDACTED] has sat several time outs for not being able to accept simple limits. He has been restrained a handful of times for his running and unsafe behaviors

Successful Interventions:

Redirection has appeared to work well for S [REDACTED] if it is something he is interested in talking about. Also a special program that was designed to decrease his running behaviors has appeared to work also.

Recreational Assessment

Areas of interest:

Spencer enjoys reading comic books, playing with action figures, arts and crafts and some sports.

Daily status of functioning:

S [REDACTED] needs to be reminded daily to wash his hair as well as brush it. Because he is enuretic, he needs to be reminded to make his bed after changing it in the morning.

Educational Evaluation

LEA: Ray Hurley
Mansfield Public Schools
Pupil Personnel Services Department
259 East Street
Mansfield, MA 02048
508-261-7507

Prototype: 502.4

Results of Assessment:

In school, S [REDACTED] is on level in all his subjects. In math, upon S [REDACTED]'s arrival he was working on simple division he was doing well in this area. S [REDACTED] is currently working

on long division and he appears to be comfortable with this. S█████ is doing well in this area when he chooses to apply himself. At times he complains of the work being too difficult as a way to avoid completing his assignments.

In reading S█████ has been working on a book entitled "The Legend of Jimmy Spoon", he has been moving along fairly well when he chooses to add the effort. S█████'s comprehension of the book is very good. S█████ will be moving on towards a more challenging book once he finishes this one. S█████ is also reviewing Grammar skills right now he is reviewing all types of nouns and will be moving on towards adjectives and prepositions.

In Social Studies, S█████ is also doing a good job. Previously, we were studying about the seven continents. S█████ appeared to have enjoyed this. S█████ enjoyed the group map project because he was able to utilize his artistic ability. Along with the lesson a report is due which S█████ has begun. The report consists choosing a country, doing research on the country (S█████ chose Peru) writing up a report highlighting all the important facts, and presenting an oral presentation to the class. S█████ seems enjoy working on the report. Recently, we have been reading short biographies on Black Americans who have made important contributions to American society, as part of Black history month. S█████ has been doing a great job volunteering information and participating in class discussions.

S█████ does not really interact with his peers much in school. He appears to prefer working alone. S█████ is usually always willing to help out his peers if they ask for assistance, rarely does he volunteer his help. Recently, S█████'s tolerance towards younger peers has been fair, he sometimes answers them in a sarcastic tone. Overall, S█████ gets along well with his peers.

S█████'s behavior in school has improved but S█████ still often times has difficulties listening to staff when it concerns his school work. Which causes S█████ to earn a time out because he is refusing to do any work. When in a time out, S█████ does not comply with staff, he instead chooses to ignore staff or he becomes unsafe and has to be eventually restrained. S█████ had tried to run away one day during lunch in school. As a result of his unsafe action he was placed on armslenght. While on armslenght S█████ was not able to participate in group activities. S█████ wanted to be part of the group so he tried to cooperate with staff. Overall, the past week S█████ has made a great effort to try and comply with staff concerning his school work. as an effort to rejoin the group.

Medical History and Information

Ht: 64"

Wt: 105 lbs

Date of most recent physical examination:

Date of most recent dental examination: 1/12/98

Brief Health History: At age 3 months he had a serious head injury which resulted in a hairline skull fracture. S [REDACTED] fell off the changing table onto the floor. He hit his head but did not lose consciousness. No neurological evaluation or EEG was conducted, but no subsequent health problems have been reported.

On 1/15/98 S [REDACTED] had some lab tests done. His lithium level was 1.06, on a dose of Eskalith, 450 mgs, twice a day. His valproic acid level was 84, on a dose of Depakote, 500 mgs, twice a day. Both of these levels are within the therapeutic range. (The therapeutic range for lithium is .4 to 1.2, and the range for valproic acid is 50 to 100). His thyroid and liver function tests were also within the normal range.

Health Status at time of Discharge: S [REDACTED] presents with no significant health issues.

Medication at Time of Admission:

Type/Dosage: Depakote, 500 mgs, 2 x day
Type/Dosage: Eskalith (Lithium), 450 mgs, 2 x day
Type/Dosage: Zyprexa (Olanzapine), 2.5 mgs, at bedtime

Medication at Discharge:

Type/Dosage: Depakote, 500 mgs, 2 x day
Type/Dosage: Eskalith (Lithium), 450 mgs, 2 x day
Type/Dosage: Zyprexa (Olanzapine), 2.5 mgs, at bedtime

Side effects of medication: S [REDACTED] sleeps a lot. It is unclear if this is S [REDACTED]'s coping style or if it is due to the side effects of his medication.

Diagnostic Formulation

A diagnosis of Bipolar Disorder is given to recognize S [REDACTED]'s history of both manic and depressive episodes. This diagnosis has not been evident to this clinician while S [REDACTED] has been on the Assessment Unit, possibly due to the medications that S [REDACTED] is currently taking. A diagnosis of ADHD is given to recognize S [REDACTED]'s history of being unable to focus and to pay attention, as well as his history of hyperactivity and impulsivity.

DSM-IV Diagnosis:

Axis I: 296.8 Bipolar Disorder, NOS

314.01 ADHD, Combined Type

Axis II: Deferred

Axis III: none

Axis IV: Moderate

Axis V: 35

Recommendations

1. It is recommended that S [REDACTED] continue in individual treatment, as he needs a safe environment to work through the issues that are currently of concern. It is also recommended that [REDACTED] and S [REDACTED] attend family therapy together. It is believed that they can learn more effective ways to communicate with each other.
2. It is the recommendation of the treatment team that S [REDACTED] be placed in program which is able to provide him with 24 hour a day supervision, and which can provide him with intensive therapeutic intervention.
3. It is recommended that the Department of Mental Health work with [REDACTED] to find housing for her and S [REDACTED]. Currently, [REDACTED] and S [REDACTED] live with [REDACTED]'s father, and [REDACTED] and S [REDACTED] share a bedroom. [REDACTED] DMH and the treatment team at the Italian Home strongly feel that this is not a healthy situation, and that a two bedroom apartment would be much more appropriate.
4. It is recommended that S [REDACTED] become involved with an intensive firesetting prevention program. S [REDACTED] presents as a crisis firesetter. It is clear that without appropriate psychological and educational intervention, it is quite possible that S [REDACTED] could be at risk for becoming a pathological fire setter.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EDUCATION

Page 1

RECOMMENDATION FOR DIAGNOSTIC EVALUATION

School District: Mansfield Public Schools

MEETING
Date: 01/22/98

IDENTIFYING INFORMATION

Student Name: [REDACTED] [REDACTED] [REDACTED] Identification Number: 50245
last first middle
Birth Date: [REDACTED] 86 Age: Years 11 Months 4 Grade: 05 Primary Language: English
Address: [REDACTED] MANSFIELD MA 02048 Home Telephone: [REDACTED]
School Name/Address: Italian Home 1125 Centre Street Jamaica Plain, MA 02130-3495
Parent Name(s): [REDACTED]
Parent Address (if different from student's): [REDACTED]
Telephone: [REDACTED] Other Telephone: [REDACTED]

PARTICIPANTS IN TEAM MEETING

Persons Present at Meeting

Ray Hurley
Karin M. Randolph
David P. Fisher
Christopher F. Small
[REDACTED]
Heidi L. Steinert
Lynn Menard
Marjorie Packer

Role/Assessment Responsibility

Chairperson, MPS, School Psychologist/Outplacement
Coordinator
Director, PPS Mansfield
Case Manager
Exec. Dir., Italian Home
Mother
Clinician, Italian Home
Teacher, Italian Home
Reading Specialist

ELIGIBILITY INFORMATION

Eligibility for special education services has been determined: ☒ Yes ☐ No

QUESTIONS/DIAGNOSTIC PROCEDURES/RESULTS OBTAINED

Questions

1. What is the most appropriate educational placement for Spencer?
2. What are Spencer's current academic needs?
3. What is Spencer's social and emotional status?
4. What are Spencer's health and safety needs in the educational setting?
5. What mental health support services are necessary for educational progress?

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Student Name: S [REDACTED] Date of Birth: [REDACTED] Diagnostic Evaluation Date: 01/22/98

Diagnostic Procedures

Diagnostic placement in the assessment unit of the Italian Home that would include psychological, psychiatric, educational, fire setting, sexual abuse assessments.

Results Obtained

MEETING DATES

Progress Meeting Dates: (1): 02/05/98 (2): / /

Date TEAM Must Reconvene: 02/23/98

LENGTH OF SCHOOL DAY

The length of the student's school day is modified: ☐ Yes Hours per day: _____ ☒ No

SERVICE DELIVERY

C. Special Education and Related Services in Other Setting (Direct Services)

Type of Service	Focus on Goal #	Person(s) Responsible	Start Date	Freq/Duration per Day/Cycle	Total Time/ Cycle	Comments / Nature of Services / Location (when Applicable)
SPECIAL ED.		Staff	01/22/98	5 x 420	2100	Diagnostic at Italian Home for Children

TRANSPORTATION PLAN

A special transportation plan is needed: ☐ Yes ☒ No If yes, check one of the following and describe:

☐ Regular transportation with modifications

☐ Special transportation

☐ Parent-provided transportation with reimbursement at state rate

Describe: _____

Student Name: [REDACTED] Date of Birth: [REDACTED] Diagnostic Evaluation Date: 1/22/98

RESPONSE OPTIONS/SIGNATURES

P: Response and Signatures

- ☒ I have received a copy of the Parents' Rights Brochure.
- ☒ I agree to the diagnostic evaluation and understand that this may be a temporary change in setting for evaluation purposes, which may or may not become the permanent placement.
- ☐ I do not agree to the diagnostic evaluation.

Signature: Nehorah J. Willis Date: 11/22/98
(Parent/Foster Parent/Guardian/Educational Advocate/Student 18 and Over)

Comments:

School Personnel Response and Signatures

I certify that the goals in this IEP are those recommended by the TEAM and that the indicated services will be provided.

Christopher F. Small 1/22/98
(Principal Signature/Date)

R. M. R. Duph 1/24/98
(Special Education Administrator Signature/Date)

The diagnostic evaluation is recommended outside the local education agency. I certify that the service will be provided at:

the Italian Home
1125 Centre St., Jamaica Plain, MA 02130
(Facility Name/Address)

Christopher F. Small 11
(Director of Accepting Facility Signature/Date)

FUNDING COMMITMENT DECISION LETTER
(Funding Year 2007: 07/01/2007 - 06/30/2008)

September 11, 2007

COPY

Ross Wheadon
ITALIAN HOME FOR CHILDREN
50 Victor Heights Pkwy
Victor, NY 14564

Re: Form 471 Application Number: 558248
Billed Entity Number (BEN): 208778
Billed Entity FCC RN: 0012773115
Applicant's Form Identifier: None entered

Thank you for your Funding Year 2007 application for Universal Service Support and for any assistance you provided throughout our review. The current status of the funding request(s) in the Form 471 application cited above and featured in the Funding Commitment Report(s) (Report) at the end of this letter is as follows.

- The amount, \$4,188.46 is "Approved."

Please refer to the Report on the page following this letter for specific funding request decisions and explanations. The Universal Service Administrative Company (USAC) is also sending this information to your service provider(s) so preparations can begin for implementing your approved discount(s) after you file FCC Form 486, Receipt of Service Confirmation Form. A guide that provides a definition for each line of the Report is available in the Reference Area of our website.

NEXT STEPS

- Work with your service provider to determine if you will receive discounted bills or if you will request reimbursement from USAC after paying your bills in full
- Review technology planning approval requirements
- Review CIPA requirements
- File Form 486
- Invoice USAC using the Form 474 (service provider) or Form 472 (Billed Entity) - as products and services are being delivered and billed

TO APPEAL THIS DECISION:

If you wish to appeal a decision in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and (if available) email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the letter and the decision you are appealing:
 - Appellant name,
 - Applicant name and service provider name, if different from appellant,
 - Applicant BEN and Service Provider Identification Number (SPIN),
 - Form 471 Application Number 558248 as assigned by USAC,
 - "Funding Commitment Decision Letter for Funding Year 2007," AND
 - The exact text or the decision that you are appealing.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence

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and documentation.

4. If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
5. Provide an authorized signature on your letter of appeal.

To submit your appeal to USAC by email, email your appeal to appeals@sl.universalservice.org. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to USAC by fax, fax your appeal to (973) 599-6542.

To submit your appeal to USAC on paper, send your appeal to:

Letter of Appeal
Schools and Libraries Division - Correspondence Unit
100 South Jefferson Road
P.O. Box 902
Whippany, New Jersey 07981

You have the option of filing an appeal with the SLD or directly with the Federal Communications Commission (FCC). You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be received by the FCC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. We strongly recommend that you use the electronic filing options described in the "Appeals Procedure" posted in the Reference Area of our website. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554.

NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Program. Applicants who have received funding commitments continue to be subject to audits and other reviews that USAC and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. USAC may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by USAC, the applicant, or the service provider. USAC, and other appropriate authorities (including but not limited to the FCC), may pursue enforcement actions and other means of recourse to collect improperly disbursed funds. The timing of payment of invoices may also be affected by the availability of funds based on the amount of funds collected from contributing telecommunications companies.

Schools and Libraries Division
Universal Service Administrative Company

FUNDING COMMITMENT REPORT
Billed Entity Name: ITALIAN HOME FOR CHILDREN
BEN: 208778
Funding Year: 2007

Comment on RAL corrections: The applicant did not submit any RAL corrections.

Form 471 Application Number: 558248
Funding Request Number: 1548799
Funding Status: Funded
Category of Service: Telecommunications Service
Form 470 Application Number: 497700000605030
SPIN: 143000677
Service Provider Name: Verizon Wireless
Contract Number: MTM
Billing Account Number: 109152555
Multiple Billing Account Numbers: N
Service Start Date: 07/01/2007
Service End Date: 06/30/2008
Contract Award Date: N/A
Contract Expiration Date: N/A
Site Identifier: 208778
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$164.04
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
Pre-discount Amount: \$164.04
Discount Percentage Approved by the USAC: 90%
Funding Commitment Decision: \$147.64 - FRN approved; modified by SLD
Funding Commitment Decision Explanation: MR1: The dollars requested were reduced to remove {the ineligible product/service: charges for residential facility. <><><><><>
MR2: The FRN was modified from \$71.96 to \$13.67 to agree with the applicant documentation.

FCDL Date: 09/11/2007

Wave Number: 019

Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2008

$$\$ 71.96 \times .19 = 13.67$$

81% removed

FUNDING COMMITMENT REPORT
Billed Entity Name: ITALIAN HOME FOR CHILDREN
BEN: 208778
Funding Year: 2007

Comment on RAL corrections: The applicant did not submit any RAL corrections.

Form 471 Application Number: 558248
Funding Request Number: 1548821
Funding Status: Funded
Category of Service: Telecommunications Service
Form 470 Application Number: 497700000605030
SPIN: 143004256
Service Provider Name: Matrix Telecom, Inc.
Contract Number: MTM
Billing Account Number: 52022975260000
Multiple Billing Account Numbers: N
Service Start Date: 07/01/2007
Service End Date: 06/30/2008
Contract Award Date: N/A
Contract Expiration Date: N/A
Site Identifier: 208778
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$1,085.40
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
Pre-discount Amount: \$1,085.40
Discount Percentage Approved by the USAC: 90%
Funding Commitment Decision: \$976.86 - FRN approved; modified by SLD
Funding Commitment Decision Explanation: MR1: The dollars requested were reduced to remove the ineligible product/service: charges for residential facility.<><><><>
MR2: The FRN was modified from \$476.05 to \$90.45 to agree with the applicant documentation.

FCDL Date: 09/11/2007

Wave Number: 019

Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2008

$$\$ 476.05 \times .19 = 90.45$$

81% removed

FUNDING COMMITMENT REPORT
Billed Entity Name: ITALIAN HOME FOR CHILDREN
BEN: 208778
Funding Year: 2007

Comment on RAL corrections: The applicant did not submit any RAL corrections.

Form 471 Application Number: 558248
Funding Request Number: 1548829
Funding Status: Funded
Category of Service: Telecommunications Service
Form 470 Application Number: 497700000605030
SPIN: 143004191
Service Provider Name: CTC Communications Corp.
Contract Number: MTM
Billing Account Number: 147745000
Multiple Billing Account Numbers: N
Service Start Date: 07/01/2007
Service End Date: 06/30/2008
Contract Award Date: N/A
Contract Expiration Date: N/A
Site Identifier: 208778
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$2,816.52
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
Pre-discount Amount: \$2,816.52
Discount Percentage Approved by the USAC: 90%
Funding Commitment Decision: \$2,534.87 - FRN approved; modified by SLD
Funding Commitment Decision Explanation: MR1: The dollars requested were reduced to remove the ineligible product/service: charges for residential facility. <><><><>
MR2: The FRN was modified from \$1235.34 to \$234.71 to agree with the applicant documentation.

FCDL Date: 09/11/2007

Wave Number: 019

Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2008

$$\$ 1235.34 \times .19 = \$ 234.71$$

81% removed

FUNDING COMMITMENT REPORT
Billed Entity Name: ITALIAN HOME FOR CHILDREN
BEN: 208778
Funding Year: 2007

Comment on RAL corrections: The applicant did not submit any RAL corrections.

Form 471 Application Number: 558248
Funding Request Number: 1548838
Funding Status: Funded
Category of Service: Internet Access
Form 470 Application Number: 497700000605030
SPIN: 143004191
Service Provider Name: CTC Communications Corp.
Contract Number: MTM
Billing Account Number: 147745000
Multiple Billing Account Numbers: N
Service Start Date: 07/01/2007
Service End Date: 06/30/2008
Contract Award Date: N/A
Contract Expiration Date: N/A
Site Identifier: 208778
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$587.88
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
Pre-discount Amount: \$587.88
Discount Percentage Approved by the USAC: 90%
Funding Commitment Decision: \$529.09 - FRN approved; modified by SLD
Funding Commitment Decision Explanation: MR1: The dollars requested were reduced to remove the ineligible product/service: charges for residential facility.<><><><>
MR2: The FRN was modified from \$257.84 to \$48.99 to agree with the applicant documentation.

FCDL Date: 09/11/2007

Wave Number: 019

Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2008

$\$ 257.84 \times .19 = 48.99$

81% removed